

**Professional Studies: Fashion Design and Technology
Summer 2011 Application/Registration Form**

Textiles Studies for Home Economics Teachers/Teachers in Training

Send to **Shahnaz Rauf** by fax: 604-599-2736, scan to shahnaz.rauf@kwantlen.ca or
mail to Attention: Shahnaz Rauf, Kwantlen Polytechnic University,
8771 Lansdowne Rd., Richmond, BC V6X 3V8 or drop off in person

Note: Payment must accompany this application/registration – allow 10 days for processing

Last Name: _____ First Name: _____

Middle Name: _____ Other/Maiden Name: _____ Female or Male

Birth date (mm/dd/yyyy): _____ Citizenship: _____

School Affiliation: _____ Teacher or Student
Name of School and City/Town

Have you attended Kwantlen before? Yes or No If yes, Kwantlen Student I.D.: _____

Contact Information

Street Address: _____

City, Province, Postal Code: _____

Home Phone #: _____ Work Phone #: _____ Cell # _____

Summer Email Address: _____

Emergency Contact

Name: _____ Relationship to you: _____

Home Phone #: _____ Work Phone #: _____ Cell # _____

Courses offered on the Richmond Campus – 8771 Lansdowne Rd., Richmond, BC

1) Select one of the following:	Cost	Amount Paid
a) Application Fee (non-refundable for new students)	\$ 40.00	_____
b) Application Fee (non-refundable for returning students)	\$ 20.00	_____
2) Fill in cost for all courses registering for:		
FSDP 4101 – Textile Studies for Teachers: Fashion Drawing/Design ...		
Mon. Aug. 15 to Fri. Aug. 19, Daily 8:30AM to 5:00 PM, Room 2125	\$ 550.00	_____
FSDP 4106 – Textile Studies for Teachers: Explore Fashion Career		
Mon. Aug. 08 to Fri. Aug. 12, Daily 8:30AM to 5:00 PM, Room 2125	\$ 550.00	_____
FSDP 4112 – Textile Studies for Teachers: Knit Technology (2 sections)		
Mon. Aug. 15 to Fri. Aug. 19, Daily 8:30AM to 5:00 PM, Rm 2060 & 2110	\$ 550.00	_____
OR		
Mon. Aug. 22 to Fri. Aug. 26, Daily 8:30AM to 5:00 PM, Rm 2060 & 2110	\$ 550.00	_____
TOTAL COST: \$		_____

See http://www.kwantlen.ca/design/fashion/credit_courses_teachers.html for course descriptions, list of supplies and equipment to bring to class.

Payment Method

If paying by cheque, mail to address above or drop off in person.

Payment by credit card (complete the following) Visa MasterCard American Express

Card No.: _____ Expiry Date: _____

Cardholder's Name: _____

Signature: _____

Applicant's Declaration

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this information may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University. Completion of this signed application permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my application for admission.

If I am admitted to Kwantlen Polytechnic University, I agree to familiarize myself with and to abide by the most current policies of the Polytechnic University during my tenure as a student.

In signing this application for admission, I understand that this information along with subsequent information placed in my student records will be used for the purposes of admission, registration, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education or other related government agencies. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their application for admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information being collected on this admission form is being collected under the authority of the College and Institute Act.

Signature: _____

Date: _____