



ALUMNI GENERAL INTEREST REGISTRATION FORM

Office of the Registrar
 Student Enrolment Services
www.kpu.ca/ses/forms

Program Code: GENERAL_UN		Term:	KPU Student No (required):	
KPU EDUCATIONAL BACKGROUND (REQUIRED) WHAT PROGRAM/CREDENTIAL HAVE YOU COMPLETED AT KPU?				
Credential		Grad Date		
Credential		Grad Date		
FULL LEGAL NAME (NO INITIALS)				
Surname (Legal Last/Family name)		Former Surname (if applicable)		
Legal Given First Name	Legal Given Middle Name		Preferred First Name	
PERSONAL INFORMATION				
*Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		*Date of Birth: DD / MM / YYYY		*Gender and date of birth are required for access to the online student system and for identification purposes.
CITIZENSHIP STATUS		OPTIONAL		
Citizenship: <i>Please check one of the following:</i> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (landed immigrant) <input type="checkbox"/> Approved Conventional Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Diplomat or Dependent <input type="checkbox"/> Not a Citizen of Canada <input type="checkbox"/> Other _____		KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Metis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35 (2)]. <input type="checkbox"/> I wish to be identified as an Aboriginal person. If you have chosen to be identified as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity: <input type="checkbox"/> Indian/First Nations (include Status, non-status, Treaty and non-Treaty) <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		
CONTACT INFORMATION				
Mailing Address				
City / Municipality		Province/ State	Postal Code	Country
Email address		Home Telephone	Cellular/Mobile Phone	
EMERGENCY CONTACT				
Surname (Legal Last/Family Name)		Legal Given First Name	Telephone	
LEGAL				
Consent for Information Disclosure and Declaration of Registrant I certify that all statements on this registration form are true and complete and that no information has been withheld. I agree that KPU may request and/or confirm any information necessary to support my registration. I understand any misrepresentation may result in the cancellation of my registration status and that falsifying documents or information on the registration form may result in immediate permanent dismissal from Kwantlen Polytechnic University (KPU). I consent to KPU notifying member institutions of the Association of Registrars of the Universities and Colleges of Canada if I have been found to have falsified documents or other information in this form. If I enroll at KPU, I agree to familiarize myself with and to abide by the most current policies of the University during my tenure as a student at the University. I understand that submission of this registration form in no way guarantees registration into a course. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on this form is being collected under the authority of the University Act.				
Signature: _____		Date: _____		
FOR OFFICE USE ONLY (Do not write in shaded areas)				
Date:		Entered By:		Initials
KPU Credential Completed <input type="checkbox"/>	Alumni Cohort (SGASADD) <input type="checkbox"/>	Coordinator Signature		
Comments				