



ALUMNI GENERAL INTEREST REGISTRATION FORM

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

Submit form to studentinfo@kpu.ca

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 F irst Name		Legal Given M iddle Name		Preferred First Name	
PERSONAL INFORMATION					
Gender Identity: <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary Gender <input type="checkbox"/> Prefer not to answer				Date of Birth: DD-MMM-YYYY	
CITIZENSHIP STATUS			OPTIONAL		
Country of Citizenship: _____ <i>If not Canadian citizen, please indicate your status in Canada:</i> <input type="checkbox"/> Permanent Resident (landed immigrant) <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Diplomat or Dependent <input type="checkbox"/> Student Authorization/ Student Visa <input type="checkbox"/> Non-Canadian, Status Unknown (refugee claimants) <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Temporary Resident (incl work permit) <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 Registrar 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: _____		
COURSE INFORMATION					
Desired Course (e.g. ENGL 1100)			Section & Course Number (e.g. S10 12345)		
Reason for Registration:					
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					