

| PLEASE READ CAREFULLY | | | | |
|--|---|---|------------------------|-------------------------|
| 1. Complete all sections which apply 2. Sign and date form | 3. Gather any required supporting documentation 4. Email application and documentation to admissions@capilano.ca | | | |
| PERSONAL INFORMATION – PART 1 | | | | |
| STUDENT NUMBER | LEGAL LAST NAME | LEGAL FIRST NAME | | |
| STREET ADDRESS | | | CITY | |
| PROVINCE/STATE | COUNTRY | POSTAL CODE | PRIMARY PHONE NUMBER | |
| TERM OF REQUEST – PART 2 | | | | |
| Indicate the term for which you are requesting the waiver. Select only one. | | | | |
| <input type="checkbox"/> FALL – September to December | <input type="checkbox"/> SPRING – January to April | <input type="checkbox"/> SUMMER – May to August | | |
| EDUCATION INFORMATION – PART 3 | | | | |
| Provide a history of your Secondary and Post-Secondary Education | | | | |
| INSTITUTION | LEVEL COMPLETED | COUNTRY | DURATION OF STUDY | LANGUAGE OF INSTRUCTION |
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| RESIDENCY AND LANGUAGE – PART 4 | | | | |
| How long you lived/worked in other countries and what language was used. | | | | |
| FROM (YEAR/MONTH) | TO (YEAR/MONTH) | COUNTRY | OCCUPATION | LANGUAGE USED |
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| GRADING HISTORY – PART 5 | | | | |
| Summarize the marks received in your studies (Secondary, Post-Secondary, ESL only) which required a high level of English. Supporting Documentation is required. | | | | |
| INSTITUTION | COURSE NAME/NUMBER | GRADE | Final or Interim Grade | |
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| ENGLISH LANGUAGE TESTS – PART 6 | | | | |
| List any English Language Tests taken. | | | | |
| NAME OF TEST (TOEFL, IELTS, ELA...) | DATE TAKEN | OVERALL SCORE | | |
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ADDITIONAL INFORMATION – PART 7 (OPTIONAL) Provide any additional information that will assist in assessing your English language proficiency.

DECLARATION – PART 8

Capilano University gathers and maintains information used for the purposes of admission, registration, alumni and other fundamental activities related to being a member of the CapU community and attending a public post-secondary institution in the Province of British Columbia. In signing a registration form, all students are advised that both the information they provide and any information placed into the student record will be protected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act (1996). If you have any questions about privacy, please contact privacy@capilano.ca.

I hereby declare that all information I have submitted in this Request for Waiver of the English Language Requirement is true and complete and that no information has been withheld to the best of my knowledge. I understand that any omission or misrepresentation of information may result in the cancellation of my admission or registration status at Capilano University.

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| STUDENT SIGNATURE | DATE (MM/DD/YYYY) |
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