



University
of Victoria

UNDERGRADUATE ADMISSIONS

University of Victoria
PO Box 3025 STN CSC
Victoria BC V8W 3P2 Canada
Phone: 250-721-8121 Fax: 250-721-6225

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For office use only

Application for admission to undergraduate studies

This form is for the use of applicants for **first admission** to undergraduate credit courses and programs only. If you have previously registered in a credit course (except through the Accelerated Entry or uStart programs), please apply to reregister: <https://www.uvic.ca/current-students/home/academics/resuming>.

PERSONAL INFORMATION

☐ Mr ☐ Mrs ☒ Ms ☐ Miss ☐ Other _____

LOVE

Family name

SHERI

Given name

Middle name

Previous family name (if applicable)

Preferred first name

Gender ☐ Male ☒ Female ☐ Other

Date of birth

01 01 2000
D D M M Y Y Y Y

Canadian Social Insurance Number (if applicable)

MAILING ADDRESS

1234 Main Street

Apt. number / Street / Box number / RR/SS, Site, Comp

Mexico City

City or town

792547

Province and country

Postal code

() 831111111

Area code Home telephone

sdlove@uvic.ca

Alternate telephone

Email address (The University of Victoria contacts students by email)

APPLICATION INFORMATION

Are you applying for off-campus courses?

☐ Yes ☒ No

Are you planning to take UVic credit courses offered through Continuing Studies?

☐ Yes ☒ No

Are you intending to complete a UVic undergraduate degree?

☒ Yes ☐ No

Do you have or will you have a previous degree by the time you begin attendance at UVic?

☐ Yes ☒ No

Are you applying as a Visiting Student on a "Letter of Permission"?

☐ Yes ☒ No

Home institution, if applying as a Visiting Student:

Education applicants:

Do you hold a valid Teaching Certificate?

☐ Yes ☒ No

Have you previously completed a Teacher Certificate Program?

☐ Yes ☒ No

Teaching area(s), if applying for the Post Degree Professional Program:

Kinesiology applicants:

Do you wish to be considered for the Co-op option?

☐ Yes ☒ No

Music applicants:

Instrument:

IMMIGRATION STATUS

- ☐ Canadian citizen
☐ Permanent resident/landed immigrant
☒ Study permit/student visa
☐ Diplomat
☐ Minister's permit

Ecuador

COUNTRY OF BIRTH

If you are not a Canadian citizen, indicate your country of citizenship and date of entry into Canada:

Mexico

COUNTRY OF CITIZENSHIP

DATE OF ENTRY

ENGLISH LANGUAGE PROFICIENCY

Spanish

PRIMARY LANGUAGE

Applicants whose primary language is not English are required to demonstrate competency in the English language prior to admission. Please refer to <https://uvic.ca/enpr> to determine if you are required to demonstrate competency in English.

Desired entry point:

- ☒ September
☐ January
☐ Summer

YEAR: session

2021

Faculty and program to which you are applying:

School of Business

FACULTY

Bachelor of Commerce

PROGRAM

ACADEMIC HISTORY**A) Secondary schools (all schools attended, Grades 9 to 12. LIST MOST RECENT FIRST)**

Date or expected date of graduation: 9 1998 Personal Education Number (BC students only) _____
 MONTH YEAR Ontario Universities' Application Centre Reference Number (ON students only) _____

Name of secondary school (do not abbreviate)	Province/state/country	Grade/level	From m m / y y y y	To m m / y y y y
Mexico High School		12	9 / 1 9 9 5	6 / 1 9 9 8

B) All colleges, universities, and other post-secondary institutions in which you are or have been registered, including withdrawals, incomplete or failed studies (LIST MOST RECENT FIRST).

Official transcripts will be required in all cases. If you register at any post-secondary institution after submission of this application you must notify Undergraduate Admissions in writing and submit official transcripts.

Name of post-secondary institution (do not abbreviate)	Province/state/country	From m m / y y y y	To m m / y y y y	Degree/diploma earned	Date conferred m m / y y y y
University in Mexico	Jalisco	9 / 1 9 9 7	6 / 2 0 2 0		

Applicants are required to disclose all secondary and post-secondary institutions where any course registrations were made, and arrange for all official transcripts to be sent directly to Undergraduate Admissions. Applicants who fail to meet these requirements may lose transfer credit and/or have their admission and registration cancelled.

FEES (SUBJECT TO CHANGE)

Please provide the following **non-refundable** fee with your application, payable to the University of Victoria by **cheque or money order (DO NOT SEND CASH)**. A late fee is required if you are submitting your application after the deadline for the faculty or program to which you are applying.

- ☐ **\$77.75** Application fee for domestic students (applies if **all** of your transcripts come from institutions within Canada)
- ☒ **\$132.00** Application fee for international students (applies if **any** of your transcripts come from institutions outside of Canada)
- ☐ **\$38.75** Late fee (applies only to applications submitted after the application deadline)

PERMISSION TO RELEASE PERSONAL INFORMATION (PROXY)

If you anticipate that a family member or representative will be inquiring about your application on your behalf and you wish that person to have access to that information, we require your written permission before any personal information is released. *I hereby consent to the release of information to the person listed below during the application evaluation period only to:*

University Staff

Advisor

NAME

RELATIONSHIP TO YOU

VOLUNTARY DECLARATION

The information in this section is collected to assess the university's progress toward meeting its commitment to increase diversity in student recruitment and retention. Your response to these questions is voluntary. Information collected in this section will not be used for admission decisions. It will be used only for statistical purposes, unless you provide specific permission to share this information with appropriate student services. If you are a member of one or more of these groups, please check off the appropriate items below. Please note that a person may belong to more than one designated group.

- ☐ I am an Aboriginal person of Canada: Métis, Inuit, First Nations, or non-status Aboriginal person.
 - ☐ Please forward this information to appropriate Aboriginal services on campus.
- ☐ I have an ongoing disability.
 - ☐ Because of my circumstances, I may need assistance in order to participate in my program. Please forward this information to services available to students with a disability.
- ☐ I am a member of a visible minority (a member of an ethnic or racial group other than Aboriginal peoples, who are non-Caucasian or non-white in colour, regardless of birthplace).
- ☐ I am a person of a minority sexual orientation or a transgendered person.

DECLARATION

I accept and submit myself to the statutes, rules, regulations and ordinances of the University of Victoria as authorized by the Senate and the Board of Governors and the faculty or school in which in due course I shall be registered and to any amendments thereto which may be made while I am a student of the University and I promise to observe the same. I consent and authorize the disclosure of any information to the University of Victoria by an educational institution for the purpose of verifying information provided as part of this process and I understand that an admission or registration granted on the basis of this application may be revoked if the answers given above are untrue in any material respect.

Sheri LoveJanuary 31, 2021

SIGNATURE

DATE

The University of Victoria collects the personal information on this form pursuant to the University Act, RSBC 1996, c.468 and section 26 of the Freedom of Information and Protection of Privacy Act. The information is used for the purpose of admission, registration and other decisions on your academic status and for the purposes consistent with other programs and activities of the University and