



# ALUMNI GENERAL INTEREST REGISTRATION FORM

Office of the Registrar  
Student Enrolment Services  
[www.kpu.ca/ses/forms](http://www.kpu.ca/ses/forms)  
Submit form to [studentinfo@kpu.ca](mailto:studentinfo@kpu.ca)

Program Code: <b>GENERAL_UN</b>	Term:	KPU Student No (required):
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### 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)
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Legal Given <b>First</b> Name	Legal Given <b>Middle</b> Name	Preferred First Name
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### 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
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### CITIZENSHIP STATUS

Country of Citizenship: \_\_\_\_\_  
*If not Canadian citizen, please indicate your status in Canada:*  
 Permanent Resident (landed immigrant)  
 Convention Refugee  
 Diplomat or Dependent  
 Student Authorization/ Student Visa  
 Non-Canadian, Status Unknown (refugee claimants)  
 Visitor Visa  
 Temporary Resident (incl work permit)  
 Other \_\_\_\_\_

### OPTIONAL

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)].

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:

Indian/First Nations (include Status, non-status, Treaty and non-Treaty)  
 Metis  
 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
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### 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: \_\_\_\_\_

### Course Information

Desired Course Subject & Course Number:

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