

**LANGARA COLLEGE**  
**STUDY ABROAD PROGRAM - EUROPE**  
**FALL SEMESTER 2009**  
**CONFIDENTIAL APPLICATION FOR REGISTRATION**

To complete this application please submit **four recent passport type & size photographs** of yourself, a **photocopy of your passport** (may be submitted at a later date)) and the **deposit cheque of \$650.00** made payable **to Langara College** to the Program Coordinator, **Bruce Hanbury**.

- 1.) Full legal name as on passport. \_\_\_\_\_  
Ms.  Mrs.  Mr.  \_\_\_\_\_ (First Name) (Middle Name) (Last Name)  
  
First name you prefer to be called if other than legal first name. \_\_\_\_\_
- 2.) Current address. \_\_\_\_\_  
(Street Address)  
  
\_\_\_\_\_  
(City) (Province) (Country) (Postal Code)
- 3.) Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_
- 4.) Email address. \_\_\_\_\_
- 5.) Nationality (as shown on your passport). \_\_\_\_\_
- 6.) Passport number. \_\_\_\_\_ Where issued \_\_\_\_\_  
Date of issue (D/M/Y) \_\_\_\_\_ Expiry date (D/M/Y) \_\_\_\_\_
- 7.) Date of birth (Day/Month/Year). \_\_\_\_\_
- 8.) Langara registration number. \_\_\_\_\_
- 9.) How did you hear about this program? \_\_\_\_\_
- 10.) Do you possess any language skills in any language other than English?  
\_\_\_\_\_
- 11.) Did you complete Civilization 12 in High School? \_\_\_\_\_
- 12.) List all College/University courses that you have completed in Art History. \_\_\_\_\_  
\_\_\_\_\_
- 13.) List all College/University courses in Art History that you are currently enrolled in.  
\_\_\_\_\_
- 14.) Do you have any long-range goals to pursue Art History beyond this program?  
\_\_\_\_\_

15.) Have you had any travel experience outside of Canada? If so, where and when?

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16.) Do you have any experience travelling, living or working with a large group of people?

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17.) We will encourage you to room with different people as often as possible as you will be sharing economy accommodations with one to three other students at all times. Most rooms will be twins or triples and occasionally quads. Do you think that this will be a challenging experience? Please describe your expectations with respect to roommates. \_\_\_\_\_

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18.) How do you feel about having to share communal living and study spaces with other student for the duration of the Study Abroad Program?

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19.) Are there any specific rules that you think should apply to communal spaces? \_\_\_\_\_

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20.) Program accommodations and study areas will all be non-smoking. How do you feel about this?

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21.) Do you plan to use the program's pre-arranged flight? Yes  No   
Do you plan to make your own flight arrangements? Yes  No

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22.) Do you have any special dietary requirements or restrictions? Yes  No   
If the answer is yes, please explain clearly. \_\_\_\_\_

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23.) Do you have any allergies, mental health, substance abuse, epilepsy, or other medical problems or conditions that may bring on any sudden or serious illness or interfere with your ability to complete this program? If the answer is yes, please explain clearly.

Yes  No

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24.) Do you take any prescription medication? Yes  No   
If the answer is yes, what medication and for what reason? Please explain clearly. \_\_\_\_\_

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**PLEASE NOTE:** Due to the overwhelming demand for acceptance into this Study Program, this application will **not** be complete until a deposit cheque for **\$650.00** has been received by the Program Coordinator, Bruce Hanbury.

The Deposit Cheque should be made payable to **LANGARA COLLEGE**.

*Please submit this application with deposit cheque, photocopy of your passport (may be submitted at a later date) and four passport size photos to:*

**Bruce Hanbury, B.A. M.A.**  
Coordinator, Study Abroad Program. EUROPE  
**Art History Department**  
**Office B019b (Lower Floor) Building B**  
Langara College  
100 West 49<sup>th</sup> Avenue, Vancouver, B.C. V5Y 2Z6  
**Telephone: 604-323-5741**

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I understand that this application in combination with a deposit cheque will only ensure me an interview with the Coordinator.

I understand that once accepted into the Program, my cheque will be cashed and the deposit will become **non-refundable** in the event that I decide to withdraw or cancel my intent to participate in this program for *any* reason. To the best of my knowledge all information is complete and accurate.

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Signature of Applicant

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Signature of Parent or Guardian if  
Participant is ***under*** 19 years of age.

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Legal Name of Applicant  
(Please Print)

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Legal Name of Parent or Legal Guardian  
(Please Print)

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Date of Application

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Relationship to Applicant

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Address of Parent or Guardian

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Phone & Cell Number of Parent or Guardian