



2019 VANCOUVER SUMMER PROGRAM – Individual Applicant Form

Applicant

First Name:

Last Name (family name):

Name of Home University:

Degree Program (at Home University):

Level of Study:

Program Session:

Please check only one box:

- June 8 – July 8, 2019
- July 13 – August 13, 2019

I authorize the Vancouver Summer Program to contact the Administrative Contact Person, specified in this form and any other relevant authority at my university for the purpose of:

- a. Requesting relevant information regarding my application and participation in the program and**
- b. Disclosing relevant information regarding my participation in the Program including my grades and conduct**

I understand that the information collected on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for Program-related purposes. I will contact vsp.ubc@ubc.ca if I have any questions about the collection of this information.

I declare that all the information submitted in this form is true, complete and accurate.



Signature of Applicant

Signature of Parent / Guardian
(if applicant is under 19 years of age)

Date

Administrative Contact Person

The student named on the previous page is recommended and suitable to undertake this Vancouver Summer Program. He/she is currently a registered student at my institution and will continue to be a registered student for the duration of the Program.

Name of Administrator: _____

Title: _____

Department: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City: _____

Country: _____

University Chop/Seal/Stamp: