

Inclusive Education Assistant

**Dual Credit Partnership
2025-26**

RECEIVED ON:

Date Received

UFV courses may qualify for DUAL CREDIT, giving students additional credits towards the high school completion certificate.

Please return completed packages to your WEX or Apprenticeship facilitator.



Scan QR Code for digital fillable copy of application



**Chilliwack
School District**



**SCHOOL DISTRICT 78
FRASER-CASCADE**
EVERYONE PULLING TOGETHER

**UNIVERSITY
OF THE FRASER VALLEY**

Tips & Tricks for Applying for a Dual Credit Program

Dual credit programs are highly competitive, while we try to accommodate all students, we are limited by the amount of seats awarded to us by our Post Secondary partners. We need to ensure that we provide them with the most suitable candidates. We look for students with academic success, but also experience, responsibility, attitude, effort and maturity in terms of being ready for a university level program where you will be treated as an adult.

1. This is a student-driven application. Please answer all questions in as much detail as possible. Be honest and include explanations and details where appropriate. The entire application process should take you upwards of 4 hours minimum. Take your time and be thorough. Have someone you trust review your application before you submit.
2. **Meet and check** with your school-based counsellor to ensure that you meet all the requirements of the program you are selecting (ex: You are registered to complete English 12 in an advanced manner).
3. Check the University website for the **MINIMUM** requirements and pre-requisites, then go above and beyond. (Ex. The course requires Physics 11: you should consider taking Physics 11 and Physics 12. The higher the course, the higher your letter grade, the better your application reads).
4. Your **PEN** number is **NOT** the same as your school student number. Your **PEN** number can be found on the top of your report card and is 9 digits long.
5. Please provide **YOUR** cell phone number and a current **personal EMAIL**. (Ex: first name last name@gmail.com). Please **DO NOT** use your school district email address. We will not accept Parent or Guardian emails.
6. **Resume:** Be sure to include, certificates, awards, volunteer experiences/work experiences and course work that are **targeted to your area of study**. (Ex: if you are applying to be in the Professional Cook program, be sure to include that you have taken culinary courses or have your Food safe level 1. **Or** if you are applying to the Early childhood Education program, you should note that you have worked with children and young people).
7. **Cover Letter:** Your cover letter should be addressed to:
Selection Committee – Dual Credit Programs
(Name your specific program ex: RCP or ECE)
8430 Cessna Drive
Chilliwack, B.C.
V2P 7K4
8. When asking for a teacher/school-based reference, it is recommended that you provide your reference a copy of your resume and cover letter so that they can speak to your skills and experience directly. Additionally, when selecting who should be a reference for you, consider asking someone who can speak positively and confidently about you, your skills, your attendance and attitude. The references need to be completed on the application-based form **NOT** as separate letters. It is important to provide your reference with enough time to complete the form accurately – this means **NO** last-minute asks.



**Chilliwack
School District**
CAREER EDUCATION

Application Requirements for Inclusive Education Assistant:

Applicants must meet the following requirements:

- Eligible students must be moving into their Grade 12 school year
- Eligible students must be capable of an increased academic course load
- Eligible Students must be committed to completing a BC Dogwood certificate (High School Completion)
- English 12 must be completed in the first semester of Grade 12
- **Application Package Checklist:** complete and submit to your school representative by **March 6th, 2025 BY 2:00pm** (*requires both student and parent signatures*)
- Application Forms:
 - Student Information
 - Statement of Interest and Intent
 - Teacher Reference Form
 - School Reference Form
 - Resume
 - Cover Letter

UFV Package:

- UFV Application for Admission Form
- UFV Consent for Release of Information Form

Student Fees:

Student paid fees will be shared with families upon acceptance to the program. We currently estimate these fees to be between \$500 - \$700. Financial assistance may be available.

Parent or Guardian to sign: *I have read and understand the costs outlined above which are not covered by the School District for Student (print name) _____.*

Parent or Guardian Signature: _____ DATE: _____

Please Note:

The British Columbia Freedom of Information and Protection of Privacy Act provides that UFV may not release any information pertaining to student records, to anyone other than the student without the student's consent. UFV does not normally allow any person other than the student to conduct student related business.

Only completed application packages will be processed.

Student Information

Legal Last Name:	
Legal First Name:	
Usual Last Name:	
Preferred First Name:	
Birth Date: (Day/Month/Year)	
Home Phone:	
Student Cell Phone:	
Student Personal Email:	
Home School:	
Grade:	

IMMIGRATION/CITIZENSHIP STATUS

International Student

Address Information

Street Address:	
City:	
Province:	
Postal Code:	
Mailing address: (if different)	

Specialized Programming

Have you had learning assistance or accommodations in middle or highschool? Yes No

ELL (English Language Learner) Yes No

Special Education: Program? _____ Yes No

I have an IEP (Individualized Education Plan) Yes No

****Students who are on an IEP will be required to meet with UFV Accessibility services before entering the program in Fall. ****

Student's Signature

Parent's Signature

Date

Date

-
5. What knowledge do you have of this career field? (i.e. opportunities for work, working conditions, wages, etc.?)
 6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement and work experience.
 7. What are your interests outside of school? (hobbies, sports, clubs, special talents, etc.)
 8. Please explain any absences/lates you have had this school year.

Teacher Reference Form (to be completed by your teacher)

Student Name:		Current Grade:	
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This student wishes to apply to the University of the Fraser Valley as a student in the ***Inclusive Education Assistant Dual-Credit Program***. The student is expected to participate in university-level courses to complete credits for their chosen career program. Please help in the selection process by providing information for the following items and providing your brief comments as necessary. Thank you.

Please check each item as: (4) <i>Excellent</i> (3) <i>Good</i> (2) <i>Satisfactory</i> (1) <i>Needs Improvement</i>	4	3	2	1
Punctual/ Attendance				
Enthusiastic and interested				
Initiative				
Responsible / Accountable				
Temperament / Personality / Accept Criticism				
Accurate / Able to follow instruction				
Able to work independently				
Dependable / Reliable				
Adaptable / Adjusts to new situations				
Able to get along with others				
Do you feel this student is adequately prepared and sincerely interested in a university level course?	Yes	No		
Do you feel this student is capable of successfully completing a university level course?	Yes	No		
Has this student received additional support during their Academic Education (i.e. IEO, learning assistance, other resources... etc.)	Yes	No		
Comments: 				

Completed by school district:

Name:		School:	
Position:		Phone/Email:	
Signature:		Date:	

School Reference Form (to be completed by your counsellor, vice-principal, or principal)

Student Name:		Current Grade:	
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This student wishes to apply to the University of the Fraser Valley as a student in the ***Inclusive Education Assistant Dual-Credit Program***. The student is expected to participate in university-level courses on campus at UFV. This program will provide dual credit to the student.

Please assist with the selection process by providing information for the following information items and providing your brief comments as necessary. Thank you.

Please check each item as: (4) <i>Excellent</i> (3) <i>Good</i> (2) <i>Satisfactory</i> (1) <i>Needs Improvement</i>	4	3	2	1
Punctual/ Attendance				
Enthusiastic and interested				
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Accurate / Able to follow instruction				
Able to work independently				
Dependable / Reliable				
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Able to get along with others				
Do you feel this student is adequately prepared and sincerely interested in a university level course?	Yes	No		
Do you feel this student is capable of successfully completing a university level course?	Yes	No		
Has this student received additional support during their Academic Education (i.e. IEO, learning assistance, other resources... etc.)	Yes	No		
Comments:				

Completed by school district:

Name:		School:	
Position:		Phone/Email:	
Signature:		Date:	

UFV APPLICATION FOR ADMISSION

Please complete this form in **dark blue or black ink**, sign and return to any Office of the Registrar along with the nonrefundable application processing fee.



Office of the Registrar

604.854.4501

Toll Free: 1.888.823.8734

Email: admissions@ufv.ca

Preferred start date <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter		Program of study <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree Upgrading		
Year		Indicate specific program		
Study preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Have you ever applied to UFV? <input type="checkbox"/> Yes <input type="checkbox"/> No UFV student number (if known)		
Legal last name (family name)		Legal first name (in full)		Middle name (if applicable)
Former last name		Preferred first name		
Mailing address (street number, street)		City or town	Province or state	Country (if not Canada) Postal code
Primary phone		Cell phone	Email address	
Birthdate YYYY M M M D D		Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Other (contact OReg) <input type="checkbox"/> Permanent Resident/ Landed Immigrant		
Gender Male Female Another gender identity		(OPTIONAL) Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		
Emergency contact name		Relationship	Phone number	

Secondary Education

BC personal education number (BC students, Grade 12 during or after 1990)		Submit a request for your BC high school transcript to be sent electronically to UFV through the BC Ministry of Education Student Transcripts at https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates		
High school name		City & province/state	Country	
Dates of attendance YYYY M M M to YYYY M M M		Graduation date (if applicable)	Highest grade completed (or in progress) <input type="checkbox"/> 7 or less <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> GED	

Post-secondary institutions attended (you MUST report all post-secondary institutions attended)

Name of institution		Name of institution		
Dates of attendance YYYY M M M to YYYY M M M		Dates of attendance YYYY M M M to YYYY M M M		
Location	Degree, diploma, or certificate received	Location	Degree, diploma, or certificate received	
Have you ever been suspended/expelled from any post-secondary institution and/or program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Declaration: Personal information collected by the University of the Fraser Valley ("UFV") is used for a variety of purposes, including but not limited to those detailed below. An individuals' personal information will only be collected, used and disclosed in accordance with applicable legislation. By submitting this application for admission I understand the information provided on this application and placed in a student record will be used for the purposes of recruitment, admission, registration, record keeping, graduation, non-academic support services, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act. For more information, please visit <https://www.ufv.ca/information/privacy>. Limited student personal information is provided to partner institutions, UFV student societies for voting and membership purposes and for the administration of student benefit plans. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government. All documents submitted to support this application for admission become the property of UFV and will not be returned.

If I am admitted to UFV, I agree to abide by the policies, procedures, rules, and regulations of the university.

Applicant's signature (required)

Date

Office Use Only

Application received
 YYYY | M M M | D D

Initials

CONSENT FOR RELEASE OF INFORMATION

This form is normally used when a student is away for a period of time or to provide access to a sponsoring agency.
This form is not to be used by law firms seeking a release of student records or for access to information requests.

Student's Full Legal Name: _____

UFV student number	Date of birth	Email Address
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I authorize the University of the Fraser Valley to release information to the following institution, agency or person:

Name: Heather Elliott - District Coordinator of Career Transitions - OR SD#33 Designate

(To obtain information, an institution will be required to provide a request on official letterhead. An individual will be required to provide photo ID.)

I authorize the above named institution/agency/person access the following information:

Admission information

Academic status

Enrolment status

Grades

Registration information (including current registration status)

Student account information

Tuition and fee assessment

I authorize the above named institution/agency/person to perform the following transactions on my behalf:

Add/drop courses

Order transcripts/Enrolment letters

Other (specify) _____

This release is valid for a maximum of one year from the date of signature, or until:

Y Y Y Y | M M M | D D

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only in reference to support the release of information on a student record. If you have any questions about the collection and use of this information, contact the Enrolment Manager at 604-854-4501 or reginfo@ufv.ca

STUDENT'S SIGNATURE: _____

DATE: _____