

# Inclusive Education Assistant

**Dual Credit Partnership  
2026-27**

**Due April 22, 2026**

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 school  
Counsellor or Dual Credit  
Facilitator



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



**Chilliwack  
School District**

**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. If you are printing the application to fill out please use **BLACK/BLUE ink - NO PENCIL!**
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:IEA)**  
8430 Cessna Drive  
Chilliwack, B.C.  
V2P 7K4



**Chilliwack  
School District**

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.

## Application Requirements for Inclusive Education Assistant: Due April 22, 2026

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
- If you have an IEP (Individualized Education Plan) Please attach a copy to your application
- **Application Package Checklist:** complete and submit to your school representative.
- Application Forms:
  - Student Information
  - Statement of Interest and Intent
  - Teacher Reference Form
  - School Reference Form
  - Resume
  - Cover Letter
  - 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) *Please attach a copy*	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

## Statement of Interest and Intent

Please provide a brief statement describing your interest in a university trades program. This statement should outline why you are interested in the Inclusive Education Assistant and why you feel that you are suited to take a university level program.

Name:	
Program:	
Career Goal:	

1. What have you done to prepare yourself for **study** in this area (i.e. course work, extra-curricular activities, reading, interviewing people, etc.?)
2. What have you done to prepare yourself for **work** in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)
3. What skills do you have that will help you be successful in this program?
4. What interests you about a career in this field?

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	
<b>Comments:</b>     				

**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) Excellent (3) Good (2) Satisfactory (1) Needs Improvement	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	
<b>Comments:</b>				

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

<b>Preferred start date</b> <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter	<b>Program of study</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree Upgrading
Year	Indicate specific program
<b>Study preference</b> <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 MM DD	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 <a href="https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates">https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates</a>	
High school name	City & province/state	Country
Dates of attendance YYYY MM to YYYY MM	Graduation date (if applicable) YYYY MM	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 MM to YYYY MM	Dates of attendance YYYY MM to YYYY MM
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/informationprivacy>. 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 | MM | DD

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
I authorize the University of the Fraser Valley to release information to the following institution, agency or person:  <b>Name: _School District #33 Chilliwack District representative_</b>  <i>(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>		

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](mailto:reginfo@ufv.ca)

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_