



Last Name:		First Name:		Middle Initial:
I have taken JIBC courses: <input type="checkbox"/> Yes <input type="checkbox"/> No		Student No. (if known):		Previous Name (if any):
Mailing Address <input type="checkbox"/> Home		<input type="checkbox"/> Work (optional)		
		Organization:		
Street:		Street:		
City:	Prov:	City:	Prov:	
Post code:	Country:	Post code:	Country:	
Contact Information				
Home Phone:		Business Phone:		
Cell:		Email:		
Personal Information				
Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans		<input type="checkbox"/> I am of Aboriginal Heritage <input type="checkbox"/> Métis <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Non-Canadian Studying Outside Canada <input type="checkbox"/> Other (Specify):		Disabilities or Special Requirements: Additional learning support you require (such as adaptive technology, tutoring, extra time for exams or captioning)?		
Program/Course Enrollment Options				
<input type="checkbox"/> Cohort Offering – Register me for all 5 courses in the program to receive a \$900 discount from the total		<input type="checkbox"/> Course by Course – I will register for courses one at a time		
<input type="checkbox"/> Charge program fee and course fees to credit card below		<input type="checkbox"/> Please contact me for assistance enrolling in my courses		
Graduate Certificate in Dynamics of Conflict Application pre-requisites Indicate your education level completed and attach copies of transcripts and/or certificates.				
<input type="checkbox"/> JIBC Certificate in Conflict Resolution: Negotiation Specialization		<input type="checkbox"/> Undergraduate Degree - eg. B.A., or B.Sc. (transcript required)		
<input type="checkbox"/> JIBC Certificate in Conflict Resolution: Mediation/Third-Party Intervention Specialization		<input type="checkbox"/> You do not meet the program pre-requisites and want to talk to Laurie McAvoy, Program Manager about how your background may qualify you for flexible entry in the program.		
<input type="checkbox"/> JIBC Certificate in Conflict Resolution: Family Mediation				
Payment Information				
<input type="checkbox"/> Cheque Enclosed (payable to JIBC)		<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard
Card Number:		Expiry Date:	Card Security Code (if emailing):	
Name on Card:		Cardholder Signature:		
Applicant Signature:		Date:		

Email completed form to: emacmaster@jibc.ca, or fax to (604) 528-5640, or mail to:
 JIBC / Centre for Conflict Resolution, 715 McBride Blvd. New Westminster, BC V3L 5T4
 For program and course related inquiries, phone Laurie McAvoy, Program Manager: (604) 528-5735
 For application form inquiries, phone Elly Macmaster, Program Assistant: (604) 528-5609