## SFU Indigenous Languages (INLP)/FNEP Application – Supplementary Information Form

(for admission/readmission/reactivation application)

| Student Full Name                       | Surna           | me                 | Firs  | t Name        |                  | Middle           |          |
|---|-----------------|--------------------|---|---------------|------------------|------------------|----------|
| Date of birth (MM/DD/YYYY):             |                 |                    | SFU Student ID number (if readmission/reactivation) |               |                  |                  |          |
| Contact details: (                      | )               | /(                 | )   | /             | ,                |                  |          |
| ,                                       | Da              | ytime Phone        | Mob   | le ,          |                  | email            |          |
|   |                 |                    |   |               |                  |                  |          |
| Vhat is the highest                     | level progra    | m where you app    | lied and receive                                    | e funding?    | Undergraduate    | e: Degree Di     | ploma    |
| Please indicate the                     | academic te     | rm you are apply   | ng under FNEP:                                      | ☐ Spring      | ☐ Summer         | ☐ Fall           |          |
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| Please provide a de                     |                 | _                  | _   |               | •                | •                |          |
| including awards reshould be considered |                 |                    |   |               |                  |                  |          |
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| Please provide a cl                     | ear description | on of your educat  | ional goals and t                                   | he connect    | ion between yo   | our proposed p   | rogram   |
| t SFU and the atta                      | inment of th    | ose goals. (Be as  | detailed and exp                                    | licit as poss | ible, to a maxii | mum of 150 wo    | rds).    |
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| I certify that all in                   | formation I h   | ave provided is tr | ue and complet                                      | e and was p   | repared entire   | ly by me. I cons | ent to   |
| he disclosure of in                     | formation I h   | nave given to the  | referees I have r                                   | amed, whe     | n necessary to   | verify my state  | ments. I |
| inderstand that ar                      | y misreprese    | entation may resu  | lt in cancellation                                  | of my adm     | ission or enrol  | lment status."   |          |
|   |                 |                    |   |               |                  |                  |          |
|   |                 | OI                 |   |               |                  |                  |          |
| Signature of appl                       | icant           | Check box          | if e-signed   | Date          |                  |                  |          |
|   |                 |                    |   |               |                  |                  |          |
| eturn form to: Ir                       | ndigenous Lan   | guages Program     |   |               |                  |                  |          |
|   | imon Fraser U   |                    |   |               |                  |                  |          |

Robert C. Brown Hall, RCB 8113

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