AMERICAN SIGN LANGUAGE AND DEAF STUDIES PROGRAM - C114
(1 year full-time certificate program)

Applicant Questionnaire – Fall 2018

For the purpose of further assessing your suitability for our program, please answer the following questions thoroughly, and email it BEFORE May 1st to wNichols@georgebrown.ca

Name: ___________________________ Student I.D. # ___________________________
Address: ___________________________ Apt. # ________
City: ___________________________ Province: ________ Postal Code: ________
Telephone: (Home) ( ) __________ V/TTY (Work/Alternate) ( ) __________ V/TTY
Email: ___________________________

1. Have you taken American Sign Language (ASL) classes before?
   ☐ Yes (please answer all questions below)
   ☐ No (please skip to #4)

2. Where did you learn ASL? (check all that apply)
   ☐ High School ☐ Deaf friends, co – workers ☐ Deaf Family members
   ☐ College/University ☐ Community Agency ☐ Other: __________________________

3. Please list the ASL courses you have taken.

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<th>Level</th>
<th>Name of Curriculum</th>
<th>Total # of Hours</th>
<th>Name of College or Agency, etc.</th>
<th>Grade Received</th>
<th>Date</th>
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4. How did you find out about our program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. What are your reasons for choosing George Brown?

_________________________________________________________________________________________

_________________________________________________________________________________________

6. What makes you a good candidate for this program?

_________________________________________________________________________________________

_________________________________________________________________________________________

7. Please use the space provided below to add anything else that you feel is relevant.

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

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Applicant Signature _______________________________ Date: ________________________________

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