



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.

Level	Name of Curriculum	Total # of Hours	Name of College or Agency, etc.	Grade Received	Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

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.

Applicant Signature _____

Date: _____

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