



DIRECTORS GUILD OF CANADA

British Columbia District Council

1152 Mainland Street, Suite 430

Vancouver, British Columbia V6B 4X2

T: 604-688-2976 F: 604-688-2610

Student Registration Form

Instructions: This form is required for students to participate in the DGC BC Permittee Program.

- PART I: Completed by the student.
- PART II: Completed by the school official.
- PART III: Completed by the DGC BC.

PART I: COMPLETED BY STUDENT

I clearly understand that as a condition for student enrollment in the DGC BC Permittee Logbook Holder Program, I must be accepted for enrollment, or am enrolled, as a degree (diploma) seeking student in an accredited film studies program, 2-year or 4-year college or university, graduate or professional school. I am taking a full-time course load. In addition, I understand that it is my responsibility to immediately notify the DGC BC if at any time I am no longer a full-time student.

Print Student's Name	Student's ID number
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Student's signature	Date Signed

PART II: COMPLETED BY AUTHORIZED SCHOOL OFFICIAL.

I certify that the student named above is enrolled at this school as a film degree or certificate seeking student taking full-time studies.

Name of School	Anticipated Date of Graduation	
<hr/>		
Mailing Address		
<hr/>		
Authorized Signature	Title	
<hr/>		
Telephone Number	Email Address	Date Signed

DO NOT WRITE BELOW THIS LINE

PART III: VERIFICATION

By: _____ Date: _____