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|--|--|--------------------------------|--|---|----------------------|
| North Island College Student Number | | PEN: Personal Education Number | | | |
| Legal Last Name / | | First Name / | | Middle Name | Preferred First Name |
| Mailing Address | | City | Province | Postal Code | Phone: Home |
| E-Mail Address | | | Birth Date: YY/ MM/ DD | Gender M <input type="checkbox"/> F <input type="checkbox"/> | |
| Emergency Contact Name: _____ Phone: BUS _____ HOME: _____ | | | Canadian Citizen: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Country of Origin _____ | | |
| (Voluntary Disclosure) Disability/medical condition? Yes <input type="checkbox"/> | | | (Voluntary Disclosure) Do you identify yourself as an Indigenous person? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| NIC will provide you with information about receiving support services. | | | If yes, are you: First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> | | |

| | | | | |
|--|---|-----------------------|-----------------------|--|
| Program | Use FULL program name as listed in the North Island College Calendar. | | | |
| Campus/Centre | | | | |
| Start Term: Choose which session by entering the year beside the term. | | | | |
| Fall (Sept-Dec)/Year | Winter(Jan-Apr)/Year | Spring(May-June)/Year | Summer(July-Aug)/Year | |

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|----------------|
| Courses |
| |

DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:

I declare that the information I have submitted on the application is true and correct. Completion of this application permits North Island College (NIC) to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. I understand that this application is a request for admission and does not guarantee admission to any program or course. Admission is subject to meeting program and course prerequisites and to space availability. Decisions on my admission will be made only after the application fee and all required documents have been submitted. I agree to abide by the established rules and regulations of North Island College, including those of the program in which I shall be registered.

For individuals admitted to a co-admission program with partner institutions, I understand that all the details of my application, studies, and student conduct record will be shared openly between NIC and the partner institution.

I understand that this information along with subsequent information is collected under the authority of the College and Institute Act and section 26 of the Freedom of Information and Protection of Privacy Act (FOIPPA). Information collected will be used for the purposes of: admissions, registration, grade notification, income tax receipts, research, awards, alumni contact, special events and other activities consistent with the mandate of the institution. NIC collects, uses, retains and discloses information within the College to carry out its mandate and operations in accordance to Policy 1-01 Freedom of Information and Protection of Privacy. Should you have any questions about the collection of information please contact the FIPPA Analyst located at 2300 Ryan Road, Courtenay, BC, V9N 8N6, or email foipp@nic.bc.ca

Signature: _____ Date: _____

| |
|--|
| For Office Use Only |
| Received By _____ Date and Time Received _____ |



Office of the Registrar

2300 Ryan Road, Courtenay BC V9N 8N6

T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

DISTRICT CAREER EDUCATION FACILITATOR FORM

(to be completed by the School District)

Applicant/Student Name

District

This applicant has indicated an interest in studying at North Island College. Keeping in mind they would be studying in an adult learning environment where they would be communicating with adults in a cooperative learning environment, please answer the following questions.

Does this student have any identified special needs or learning challenges? YES NO

Applicants who require accommodations and supports must notify NIC/DALS six months before the start of their program to provide time for required accommodations to be put into place.

Please comment on this student's academic readiness and maturity to study in an adult environment?

Self-motivation and commitment to learning are important attributes for a successful learner at the post-secondary level. How do you view this student in this regard?

Do you recommend this student to take the identified course(s)/program at NIC?

- No. I do not make a recommendation.
 Yes. I have worked closely with this applicant, and I believe they have shown readiness for this opportunity. I support their application to NIC.

Is NIC to invoice the School District directly for any fees for this applicant?

- No. District Career Programs Coordinator/High School Counsellor will inform the Applicant how to request reimbursement if applicable.
 Yes. District Career Programs Coordinator/High School Counsellor to complete attached School District Sponsorship Agreement (attached) for NIC permission to invoice the School District directly.

Or

- Yes. District Career Programs Coordinator/High School Counsellor will provide NIC with letter of sponsorship under separate cover. Note: Sponsorship letter must be received by NIC prior to fee deadline for student to retain seat in program/courses.

Signature of District Career Programs Coordinator/High School Counsellor

Date

Telephone

Email Address



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We hereby undertake to sponsor:

Name of Student _____ in the _____
Name of program or course(s)

From: _____ to _____ for the following amounts.
MONTH/ YEAR MONTH/ YEAR

Note: NIC Policy 4-04 Fees and Refunds applies to all dual credit students and their sponsors.

Please check applicable boxes:

- Assessment Fee \$15.00 Lab Fee
Books up to \$ Learner Fee
Tuition up to \$ NISU (Student Society)

Additional Instructions

School District Name _____

Mailing Address _____

City _____ Prov. _____ Postal Code _____

Telephone (____) _____ Fax (____) _____ Email _____

Contact Name (print) _____

Title (print) _____

Signature _____

Date _____



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FREEDOM OF INFORMATION RELEASE

(to be completed by the Applicant)

North Island College is governed by the Freedom of Information and Privacy Act (FIPPA) and as such is not able to discuss student progress and attendance with a parent/guardian without the permission of the applicant/student. Your signature below provides permission to your parent/guardian to access your student record information.

I give permission to share information about my student record, including grades, attendance and performance with my parent/guardian.

Applicant / Student Name (print) Birthdate

_____ has my permission to access my student records, registration and any personal information necessary for, or pertaining to, my application and enrolment at North Island College and to conduct student related business at North Island College on my behalf.

Permission is in effect:

From _____ To: _____
MONTH / DAY / YEAR MONTH / DAY / YEAR

Student Authorization:

I hereby give authorization as identified above:

Student Signature: _____ Date: _____