

Office of the Registrar
2300 Ryan Road
Courtenay BC V9N 8N6
T: 250.334.5000 F: 250.334.5018

Student's FULL name and address (print clearly)			NIC STUDENT NUMBER	
NAME			FORMER NAME (If Applicable)	
ADDRESS			BIRTH DATE (YYYY/MM/DD)	
CITY	PROVINCE	COUNTRY	POSTAL CODE	
PHONE NUMBER		E-MAIL ADDRESS		

NORTH ISLAND COLLEGE PROGRAM:

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<p>As a self-identified Indigenous applicant, you are eligible to be considered for a reserved seat as part of North Island College's Priority Admission Program for Indigenous applicants. . By completing this form, checking yes in the box below and emailing it to admission@nic.bc.ca you are requesting to be considered for one of these seats.</p> <p>Yes, I would like to be considered for a reserved seat:</p>

<p>I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution.</p> <p>_____</p> <p style="text-align: center;">Student Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>

FOR OFFICE USE ONLY

Date Received: _____ Admissions Signature: _____

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