



**NORTH ISLAND
COLLEGE**

Application for Admission

www.nic.bc.ca

Comox Valley Campus 2300 Ryan Rd Courtenay, BC V9N 8N6 Tel (250) 334-5000 Fax (250) 334-5018
 Campbell River Campus 1685 South Dogwood St. Campbell River, BC V9W 8C1 Tel (250) 923-9700 Fax (250) 923-9791
 Port Alberni Campus 3699 Roger St. Port Alberni, BC V9Y 3E3 Tel (250)724-8711 Fax (250) 724-8700
 Port Hardy Campus Box 901, Port Hardy, BC V0N 2P0 Tel: (250) 949-7912 Fax (250) 949-2617

Have you ever attended North Island College? Yes <input type="checkbox"/> No <input type="checkbox"/>	North Island College Student Number	PEN: Personal Education Number
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Legal Last Name	First Name	Middle Name	Former Last Name:
Mailing Address			Preferred First Name:
Phone: Home		Phone: Business	
City/Province/Country/Postal Code			Social Insurance No
Birthdate: YY/MM/DD	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Canadian Forces Community College Network? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address
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 Aboriginal 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.		
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
Campus/Centre	Intended Load		
	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Single Course <input type="checkbox"/>

Previous Education	Official transcripts are required as proof of meeting prerequisites for your specific program and/or individual courses. (Faxes and Photocopies not acceptable)		
If no transcripts are available, check here to take placement testing for English () and or Math ()			
Secondary School	Location	Post-Secondary Education	Location

Release of Information – For Sponsored Students Only
I, _____ hereby release all academic records relating to my admission or education to the following: (print your full name)
_____ for the _____ term or course(s). (print Sponsor name)
Signed _____ Date _____

DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:
I declare that the information I have submitted on the application is true and correct. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. 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, graduation, alumni development and other purposes consistent with the mandate of the institution.
Signature: _____ Date: _____

FEES: Application Fee \$25.00 Assessment Fee \$15.00 Total Paid _____	<input type="checkbox"/> Visa or Mastercard# _____ Exp. DATE: _____ <input type="checkbox"/> Cheque or Money Order
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For Office Use Only
Received By _____ Date and Time Received _____