



**NORTH ISLAND
COLLEGE**

Application for Admission

www.nic.bc.ca

Comox Valley Campus
Campbell River Campus
Port Alberni Campus
Mt. Waddington Campus

2300 Ryan Rd. Courtenay, BC V9N 8N6
1685 South Dogwood St. Campbell River, BC V9W 8C1
3699 Roger St. Port Alberni, BC V9Y 8E3
Box 901, 9300 Trustee Rd. Port Hardy, BC V0N 2P0

Tel (250) 334-5000 Fax (250) 334-5018
Tel (250) 923-9700 Fax (250) 923-9703
Tel (250) 724-8711 Fax (250) 724-8700
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 Name Last / First / Middle			Former Last Name:		Preferred First Name:		
Mailing Address			City		Province		
Postal Code		Phone: Home		Phone: Alternate		E-Mail Address	
Birth Date: YY/MM/DD		Gender M <input type="checkbox"/> F <input type="checkbox"/>		Canadian Forces Branch: _____ Rank: _____			
Emergency Contact Name: _____ Phone: BUS _____ HOME: _____				Canadian Citizen: <input type="checkbox"/> Convention Refugee: <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		
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		Intended Load	
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Single Course <input type="checkbox"/>	

Release of Information			
I, _____ hereby release all academic records relating to my admission or education to the following:			
(Print Name)			
_____ from _____		to _____	
(Print Name)		YY/ MM /DD	
		YY/ MM/ DD	
Signature: _____		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.	
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.	
Signature: _____	Date: _____

FEES: Application Fee \$25.00 (non-refundable)
Fees not applicable for Returning Students.
The application will be processed once payment has been received. Payments may be made in person by VISA, MASTERCARD, American Express, debit card, cash, or cheque. Mailed in applications must be accompanied by cheque or money order. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form. If faxing in your request, a NIC representative will contact you directly for this information and your payment will be processed directly into a secured website.

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