



Return this completed form to:

NIC/UVIC DUAL ADMISSIONS
North Island College, Comox Valley Campus
2300 Ryan Road
Courtenay BC V9N8N6 Canada
Phone: 250-334-5000 Fax: 250-334-5018

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For office use only									
NIC ID									

Application for dual admission to North Island College and the University of Victoria

PERSONAL INFORMATION

Mr Mrs Ms Miss Other _____

Family name _____

Given name _____ Middle name _____

Previous family name (if applicable) _____

Preferred first name _____

Gender Male Female Other _____ Date of birth _____

DD	MM	YYYY
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Canadian Social Insurance Number (if applicable) _____

MAILING ADDRESS

Apt. number / Street / Box number / RR/SS, Site, Comp _____

City or town _____

Province and country _____ Postal code _____

() _____

Area code Home telephone _____ Alternate telephone _____

Email address _____

ACADEMIC INFORMATION

Applying for admission in September _____
(print year here)

Faculty or program to which you are applying:

- Child & Youth Care
- Engineering
- Computer Science
- Humanities
- Science
- Social Sciences
- Visual Arts
- Art History & Visual Studies

Are you intending to complete a UVic undergraduate degree? Yes No

Have you previously attended North Island College? Yes No

Have you previously attended UVic? Yes No

IMMIGRATION STATUS

- Canadian citizen
- Permanent resident/landed immigrant
- Study permit/student visa
- Diplomat
- Minister's permit

If you are not a Canadian citizen, indicate your country of citizenship and date of entry into Canada:

COUNTRY _____

DATE OF ENTRY _____

ENGLISH LANGUAGE PROFICIENCY

PRIMARY LANGUAGE _____

Applicants whose primary language is not English are required to demonstrate competency in the English language prior to admission. Please refer to www.uvic.ca/esl to determine if you are required to demonstrate competency in English.

PAYMENT INFORMATION

- Non-refundable application fees enclosed

Application Fee payable to North Island College \$25.00

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.

ACADEMIC HISTORY

A) Secondary schools (all schools attended, Grades 9 to 12. LIST MOST RECENT FIRST)

Application form continued from the previous page.

Date or expected date of graduation: _____
MONTH YEAR

Personal Education Number (BC students only) _____

Ontario Universities' Application Centre Reference Number (ON students only) _____

Name of secondary school (do not abbreviate)	Province/state/country	Grade/level	From m m / y y y y	To m m / y y y y

B) All colleges, universities, and other post-secondary institutions in which you registered for a course or are currently attending, including withdrawals, incomplete or failed studies (LIST MOST RECENT FIRST). Official transcripts will be required in any of these cases.

If you register at any post-secondary institution after submission of this application you must notify Undergraduate Admissions in writing and submit official transcripts.

Name of post-secondary institution (do not abbreviate)	Province/state/country	From m m / y y y y	To m m / y y y y	Degree/Diploma earned	Date conferred m m / y y y y

Applicants are required to disclose all secondary and post-secondary institutions where any course registrations were made, and arrange for all official transcripts to be sent directly to Undergraduate Admissions. Applicants who fail to meet these requirements may lose transfer credit and/or have their admission and registration cancelled.

PERMISSION TO RELEASE PERSONAL INFORMATION (PROXY)

If you anticipate that a family member or representative will be inquiring about your application on your behalf and you wish that person to have access to that information, we require your written permission before any personal information is released.

I hereby consent to the release of information to the person listed below concerning my application for admission and academic status while a student at North Island College and the University of Victoria. I understand that it is my responsibility to inform the university if I wish to add or delete a proxy in the future.

NAME _____

RELATIONSHIP TO YOU _____

VOLUNTARY DECLARATION

The information in this section is collected to assess the university's progress toward meeting its commitment to increase diversity in student recruitment and retention. Your response to these questions is voluntary. Information collected in this section will not be used for admission decisions. It will be used only for statistical purposes, unless you provide specific permission to share this information with appropriate student services.

If you are a member of one or more of these groups, please check off the appropriate items below. Please note that a person may belong to more than one designated group.

- I am an Aboriginal person of Canada: Métis, Inuit, First Nations, or non-status Aboriginal person.
- Please forward this information to appropriate Aboriginal services on campus.
- I have an ongoing disability.
- Because of my circumstances, I may need assistance in order to participate in my program. Please forward this information to services available to students with a disability.
- I am a member of a visible minority (a member of an ethnic or racial group other than Aboriginal peoples, who are non-Caucasian or non-white in colour, regardless of birthplace).
- I am a person of a minority sexual orientation or a transgendered person.

DECLARATION

I accept and submit myself to the statutes, rules, regulations and ordinances of North Island College and the University of Victoria as authorized by the Senate and the Board of Governors and the faculty or school in which in due course I shall be registered and to any amendments thereto which may be made while I am a student of the College and/or the University and I promise to observe the same. I consent and authorize the disclosure of any information to North Island College and the University of Victoria by an educational institution for the purpose of verifying information provided as part of this process and I understand that an admission or registration granted on the basis of this application may be revoked if the answers given above are untrue in any material respect.

SIGNATURE _____

DATE _____

North Island College and the University of Victoria collect the personal information on this form pursuant to the University Act, RSBC 1996, c.468 and section 26 of the Freedom of Information and Protection of Privacy Act. The information is used for the purpose of admission, registration and other decisions on your academic status and for the purposes consistent with other programs and activities of the College and/or the University and may be used for research purposes but in those cases, individual identities will not be disclosed. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see www.statcan.ca/english/concepts/ESIS). If you wish further information, contact the Office of the Registrar.

For individuals admitted to a dual-admission program between North Island College and University of Victoria, I understand that all the details of my application, studies and student conduct record will be shared openly between North Island College and the University of Victoria.

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