



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 F	
Emergency Contact Name: _____ Phone: BUS _____ HOME: _____		Canadian Citizen: Yes No Permanent Resident: Country of Origin _____		
(Voluntary Disclosure) Disability/medical condition? Yes		(Voluntary Disclosure) Do you identify yourself as an Indigenous person? Yes No		
NIC will provide you with information about receiving support services.		If yes, are you: First Nations Metis Inuit		

<b>Program</b>	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

## Courses and Section Number

**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 Dual Credit students admitted to courses or programs, I understand that all the details of my application, academic progress, and student conduct record will be shared between NIC and my Secondary School contact.

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: \_\_\_\_\_

<b>For Office Use Only</b>	
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

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 may require accommodations and supports must notify NIC Department of Accessible Learning Services (DALs) at least one month before the start of their program *in order to arrange appropriate accommodations. For more information, or to book a meeting go to <https://www.nic.bc.ca/student-services/accessible-learning-services/> or call 1-800-715-0914 (switchboard). Please note that additional time maybe required for some accommodations (i.e., ASL interpreting).*

NIC reserves limited number of seats for Dual Credit students wishing to enroll in either the Health Care Assistant or Early Childhood Care and Education Assistant programs. In order to be considered for one of these seats, it is imperative the timelines below are followed. Applications after these timelines will continue to be accepted and will follow NIC’s Admission Policy (first qualified, first invited based on space available). **In order to be considered for reserved seating, dual credit applications must be received on or before the last Friday in May (for September programs) or on or before the second Friday in October (January programs).** Qualified applications may still be considered after deadlines depending on seat availability. 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.

The School District agrees to transfer only these credits to the high school transcript.

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



SCHOOL DISTRICT SPONSORSHIP AGREEMENT
For Dual Credit High School Students
(to be completed by the School District)

Office of the Registrar
2300 Ryan Road
Courtenay BC V9N 8N6
T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

We hereby undertake to sponsor:

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

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

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

Please check applicable boxes:

- Assessment Fee \$20.00
Books up to \$
Tuition up to \$
Lab Fee
Learner Fee
NISU (Student Society)

Additional Instructions:

School District Name

Mailing Address

City Prov. Postal Code

Telephone ( ) Fax ( ) Email

Contact Name (print) Title (print)

Signature Date



**FREEDOM OF INFORMATION RELEASE**

(to be completed by the Applicant)

**Office of the Registrar**

2300 Ryan Road

Courtenay BC V9N 8N6

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

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 during the current academic year.

Applicant/ Student Name (print)

Birthdate

has my permission to access my student records,

Parent or Guardian Name (print)

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:



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Courtenay BC V9N 8N6

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Student Name

District

**NIC PROGRAM INSTRUCTOR**

(Department Chair signature required if Instructor is not available; it is the student's responsibility to take this form to the instructor)

Instructor Name

Title

I have met with the applicant and discussed the following:

- a. Program and course content
- b. Level of skill necessary for successful program completion
- c. Expectations of an adult learning environment

I believe they show readiness for this opportunity. I support their application to NIC. I understand that the applicant must also meet the Program Admission Requirements and that my signature does not indicate an offer of Admission.

Instructor Signature

Date