School District Sponsorship Form for Dual Credit High School Students

(To be completed by the school district)

NORTH ISLAND	COLLEGE
ZN	IC

Signature:

Phone: 1-800-715-0914 Email: admissions-cw@nic.b	oc.ca						
	rts the application of			in			
The serioor district suppor	its the application of	(Student N	ame)	***			
						(regu	iired).
(Program/courses)						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• •	ent is applying to University ection(s)". Otherwise, plea	•		•	_		seat in
☐ The school district agre	ees to transfer all earned c	redits to the	student's h	igh school	transcript (required).	
Please select one of the o	options below:						
The school district w	vishes to be invoiced direc	tly per the ag	reement o	utlined in	the Sponso	rship Details section.	
	responsible for all expense t of how to request reimbo						
Sponsorship Details (For	Sponsoring Districts Only)						
We hereby agree to unde	ertake sponsorship from	d/m/y	to	d/m/y	.		
Please check applicable b	oxes below and provide th	e appropriate	e amount tl	nat this agr	eement wi	l cover:	
	es not include lab fees or			·)\$			
School District Information School District Name:							
Mailing Address:							
City/Province/Postal Code	2:						
Telephone:	Email:						
	act (to be completed by Danie (to be completed by Danie) and			_			
Name (Print):							
Email:	Tel	ephone:					

Date signed: