



## CONTINUING EDUCATION: REGISTRATION FORM

### Personal Information

Have you ever attended North Island College?  Yes  No If yes, NIC Student No.:

Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Former Last Name: *(If applicable)* \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthdate: *yy / mm / dd* \_\_\_\_\_ Gender:  M  F Social Insurance No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Canadian Citizen  Permanent Resident If Permanent Resident, Country of Origin: \_\_\_\_\_

International Student If International Student, Country of Origin: \_\_\_\_\_ CDN

### COURSE SELECTION

Course Code	Course Location	Course Date(s)	Tuition
1.			
2.			
3.			

### For Sponsored Students Only

Sponsoring Organization/Company: \_\_\_\_\_ PO No.: \_\_\_\_\_

I hereby authorize the release of all academic records relating to my admission or education to the sponsoring agency.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Voluntary Disclosure

Do you identify yourself as an Aboriginal Person?  Yes  No  
If so are you:  First Nations  Metis  Inuit

### Voluntary Disclosure

Disability/medical condition?  Yes  No  
NIC will provide you with information about receiving support services.

### 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, and other purposes consistent with the mandate of the institution.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment options

- In person: Bring this completed form with payment (cash, cheque, debit, or credit card) to one of our campuses during Student Services office hours.
- Online: Visit [www.nic.bc.ca/continuingeducation](http://www.nic.bc.ca/continuingeducation) and click *Registration Available*
- Mail: Mail completed registration form to Student Services with payment by cheque with full fees. No post-dated cheques are accepted. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form.