



**NORTH ISLAND  
COLLEGE**

**DUAL CREDIT / TRANSITION PROGRAM  
APPLICATION PROCESS AND FORMS  
FOR UNIVERSITY TRANSFER COURSES**





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COLLEGE

## Dual Credit/Transition Program Application Process and Forms for University Transfer Courses

This package contains information about the process you will need to follow and forms you are required to complete if you desire to engage in dual-credit, University Transfer courses at North Island College.

### STEPS TO TAKE

- Meet with a District Career Coordinator/High School Counsellor to discuss Dual Credit/Transition.
- Visit the North Island College website for detailed course information: [www.nic.bc.ca](http://www.nic.bc.ca)
- Complete the Dual Credit/Transition Program Application form.

This form consists of:

- √ Freedom of Information Release
- √ Parent/Guardian Statement
- √ District Career Coordinator/High School Counsellor Statement
- √ NIC Access for Students with Disabilities section completed (if applicable)
- √ School District Sponsorship Agreement (if applicable)
- √ North Island College application form

Questions may be directed to your District Career Coordinator/High School Counsellor or to NIC's Counsellors or Student Advisors.

- Once completed, submit pages 4 on to your District Career Coordinator/High School Counsellor who will submit it to the NIC Counsellor on your behalf.

**Note:** If you want to use NIC course credits for your high school graduation certificate, please be aware that you are responsible for confirming with your District Career Coordinator/High School Counsellor that those courses are acceptable to your high school for graduation credit.

You will be contacted to schedule a readiness interview with a North Island College Counsellor. During this interview be prepared to discuss:

- the course(s) you have applied for
- the prerequisites for taking the course(s)
- the responsibility and understanding needed for participation in an adult learning environment
- information specific to the course(s) you have applied to, including but not limited to: admissions process, tuition and other costs, schedules and course location

If your NIC Dual Credit/Transition Program application package is approved, your NIC Application will be processed. If you meet the admission requirements you will be sent an acceptance letter and information about registration will be included.

## **STUDENTS WITH DISABILITIES**

Students with disabilities should identify themselves, or with the assistance of their District Career Coordinator/High School Counsellor, to the NIC Access for Students with Disabilities (ASD) Department contact at the relevant NIC campus. Applicants should be identified to the NIC ASD Faculty member at least 6 months in advance of the intended course start date.

At the initial meeting the role of ASD will be explained and signed consents for release and exchange of information will be completed. These consents may be for School District staff, medical professionals or other agencies that may have completed assessments or consultations with the student.

ASD will then gather disability-related documentation from the School District (SD) or other sources as needed. This information is required to assess the support needs of each student with disabilities attending NIC.

ASD will then consult with School District personnel on a case by case basis regarding who best can provide the disability supports that are required. All accommodations required within the NIC classes, including exam accommodations, will be coordinated by NIC faculty.

Another meeting will be arranged with the applicant to discuss accommodations and support services that the applicant is eligible to receive through the School District and NIC. SD staff will be invited to this meeting.

When completed, ASD will sign off on the Dual Credit Applicant form and return to the NIC Counsellor. If accepted a standard accommodation letter will be sent to the course instructor and will be signed by the student, NIC/ASD faculty and SD staff (if involved) in the delivery of supports and/or accommodations.



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## Dual Credit/Transition Program Application

Applicant name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School District: \_\_\_\_\_

Program/Course(s) applying for: \_\_\_\_\_

### **FREEDOM OF INFORMATION RELEASE**

(To be completed by the Applicant)

*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 both your parent/guardian and your School District 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 and my School District during the current academic year \_\_\_\_\_.  
Sept-June year (ie 2011-12)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Address Phone Number

\_\_\_\_\_  
City Postal Code Email Address

**PARENT/GUARDIAN STATEMENT**

(To be completed by the Applicant’s Parent or Guardian)

The applicant named above has indicated an interest in studying at North Island College. Keeping in mind that they would be studying in an adult learning environment, in which they are expected to be self-motivated and self-directed and not reliant on others to assist in the organization of their learning activities, we ask you to answer the following questions:

Please tell us about your son or daughter’s ability and comfort level in communicating with adults.

Please tell us about your son or daughter’s ability to be an independent and self-directed learner.

Your signature indicates your support for this applicant to take the identified program or course(s) at NIC and your responsibility to support this student in their studies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**DISTRICT CAREER COORDINATOR/HIGH SCHOOL COUNSELLOR**

(To be completed by the School District)

District Career Coordinator/High School Counsellor \_\_\_\_\_

District \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

*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 require accommodations and supports must notify NIC /ASD six months before the start of their program to provide time for required accommodations to be put into place.

**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 have enough information at this time to 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.

**Is NIC to invoice the School District directly for any fees for this applicant?**

- No. District Career Coordinator/High School Counsellor will inform the Applicant how to request reimbursement if applicable.
  - Yes. District Career Coordinator/High School Counsellor to complete attached Funding Agency Sponsorship Agreement (attached) for NIC permission to invoice the School District directly.
- or
- Yes. District Career 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## NIC ACCESS FOR STUDENTS WITH DISABILITIES

(To be completed by North Island College)

ASD Faculty will sign this form once they have reviewed the students documentation, recommended a plan for accommodations and supports and determined how these will be provided.

Accommodations Plan is in place and agreed upon:                    **Yes**    **No**    **Not Applicable**

Comments:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## NIC COUNSELLOR

Comments

- The Dual Credit application is complete.
- The Admissions Department has been informed:
  - \_\_\_\_\_ Process Program Application
  - \_\_\_\_\_ Withdraw Program Application

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



School District Sponsorship Agreement for Dual Credit High School Students (To be completed by the appropriate School District personnel)

SCHOOL DISTRICT INFORMATION

Student Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

We hereby undertake to sponsor \_\_\_\_\_ in the \_\_\_\_\_ from:
Name of Student Name of program or course(s)

\_\_\_\_\_ to \_\_\_\_\_ for the following amounts (please tick all applicable boxes):
MONTH DAY YEAR MONTH DAY YEAR

- Assessment Fee \$ 15.00
Books up to \$
Fees Tuition only (includes lab fees) \$
Fees Tuition (includes lab fees) and NISU (Student Society) \$
Fees Tuition only (does not include lab fees) \$

Additional Instructions \_\_\_\_\_

School District Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Contact Name & Title (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CAMPBELL RIVER CAMPUS
1685 South Dogwood Street
Campbell River, BC V9W 8C1
T (250) 923-9700 F (250) 923-9703

COMOX VALLEY CAMPUS
2300 Ryan Road
Courtenay, BC V9N 8N6
T (250) 334-5000 F (250) 334-5018

PORT ALBERNI CAMPUS
3699 Roger Street
Port Alberni, BC V9Y 8E3
T (250) 724-8711 F (250) 724-8700

MOUNT WADDINGTON CAMPUS
PO Box 901/ 9300 Trustee Road
Port Hardy, BC V0N 2P0
T (250) 949-7912 F (250) 949-2617



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# Dual Credit – High School Application

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) 923-9791  
Tel (250)724-8711 Fax (250) 724-8700  
Tel: (250) 949-7912 Fax (250) 949-2617

North Island College Student Number	PEN: Personal Education Number
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Legal Last Name /	First Name /	Middle Name	Preferred First Name:		
Mailing Address	City	Province	Country	Postal Code	
Phone: Home		E-Mail Address			
Birth Date: YY/MM/DD	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Social Insurance No.			
Emergency Contact Name:		Emergency Phone: BUS		Emergency Phone: Home	
(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"/>			

<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	

<b>Courses</b>	

**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: \_\_\_\_\_

<b>For Office Use Only</b>	
Received By _____	Date and Time Received _____