



**NORTH ISLAND  
COLLEGE**

# Application for Admission

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 E: forms@nic.bc.ca  
Tel (250) 923-9700 E: forms@nic.bc.ca  
Tel (250)724-8711 E: forms@nic.bc.ca  
Tel: (250) 949-7912 E: forms@nic.bc.ca

Have you ever attended North Island College? Yes <input type="checkbox"/> No <input type="checkbox"/>	North Island College Student Number	PEN: Personal Education Number
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Legal Name Last / First / Middle	Former Last Name:	Preferred First Name:
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Mailing Address	City	Province	Postal Code
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Phone: Home	Phone: Alternate	E-Mail Address
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Birth Date: YY/ MM/ DD	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Canadian Forces Branch: _____ Rank: _____
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Emergency Contact Name: _____ Phone: BUS _____ HOME: _____	Canadian Citizen: <input type="checkbox"/> Convention Refugee: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Country of Citizenship: _____
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(Voluntary Disclosure) Disability/medical condition? Yes <input type="checkbox"/> NIC will provide you with information about receiving support services	(Voluntary Disclosure) Do you identify yourself as an Aboriginal person? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are you: First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>
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<b>Program</b>	Use FULL program name		
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
Campus	Intended Load Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Single Course <input type="checkbox"/>		

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

**FEES: Application Fee \$25.00 (non-refundable)**

Fees not applicable for Returning Students.

The application will be processed once payment has been received. 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.

**For Office Use Only**

Received By \_\_\_\_\_ Date and Time Received \_\_\_\_\_