



**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

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 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: \_\_\_\_\_

**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.