

**INTERNATIONAL APPLICATION**

2300 Ryan Road, Courtenay, BC, Canada, V9N 8N6

Phone: +1.250.334.5033 | Fax: +1.250.331.0809

Email: iadmissions@nic.bc.ca | Website: www.nic.bc.ca/international

NORTH ISLAND COLLEGE

VANCOUVER ISLAND, CANADA **FULL LEGAL NAME: This information must match your Passport—no initials.**

PERSONAL DATA	Last Name		First and Middle Names		Male	Female
	Date of Birth (day/month/year)		Country of Birth		Citizenship	
	Mailing Address (Apartment #, House #, Street Name)					
	City	Province/State	Country		Postal Code	Telephone
	Mailing Address in Canada (Apartment #, House #, Street Name)		City	Province	Postal Code	Telephone
	Mail correspondence to: Mailing Address		Student Email Address (Required) Mailing Address in Canada			
	Emergency Contact Name		Relationship	Email Address	Telephone	
PROGRAM	Study authorization will be:      Study Permit      Visitor's Visa      Minister's Permit      Other (please specify): _____					
	Will you be studying at NIC as an exchange student?		Yes	No	Name of exchange institution _____	
	How long do you plan to study at NIC? _____					
	Exchange program date _____		Start Term:	Sept	Jan	May
	First Program Choice _____		Second Program Choice _____			
DECLARATION & RELEASE OF INFORMATION	<b>RELEASE OF INFORMATION (if applicable)</b>					
	I hereby authorize North Island College to release any of the following items: application information, admissions status, Letter of Invitation or Acceptance, transcripts, progress and attendance records to: Representative at my institution _____ Email Address _____					
	<b>DECLARATION: Please read the following before signing:</b>					
<ol style="list-style-type: none"> <li>1. 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 NIC.</li> <li>2. 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.</li> <li>3. I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting NIC's program requirements and space availability.</li> <li>4. I agree to abide by the rules and regulations of NIC as published in the Calendar, those of the department and program in which I shall be registered, and any changes which may be made while I am a student at NIC.</li> <li>5. I understand that NIC has the right to cancel any program due to low registration.</li> <li>6. I understand where NIC is located and which program I have chosen..</li> </ol>						
_____ Applicant's Signature			_____ Date (day/month/year)			

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NORTH ISLAND COLLEGE



VANCOUVER ISLAND, CANADA 

EDUCATIONAL BACKGROUND	Name of school attended		From (year)	To (year)
	Address of last school attended		City	Province/State
	Country	Postal Code	Grade/Form/Level completed or Diploma	

  

APPLICATION CHECKLIST	<ol style="list-style-type: none"><li>1. Application form</li><li>2. Official Transcripts from the sending Post-Secondary Institution</li><li>3. Copy of Passport</li><li>4. Proof of English Language Proficiency (if applicable)</li><li>5. Letter of nomination from sending institution</li><li>6. Acknowledgment from the institution that the student selected meets the language requirements to successfully complete academic work</li></ol>
	<p>Email all documents to <a href="mailto:istudyabroad@nic.bc.ca">istudyabroad@nic.bc.ca</a> in one single attachment or courier official/notarized documents to address above.</p>

NIC USE ONLY	Entered by: _____ Date: _____ Time: _____ Student #: _____
	Application fee received: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Program: _____