



North Island College Student Number		PEN: Personal Education Number			
Legal Last Name /		First Name /		Middle Name	Preferred First Name
Mailing Address		City	Province	Postal Code	Phone: Home
E-Mail Address			Birth Date: YY/ MM/ DD	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Emergency Contact Name: _____			Canadian Citizen: <input type="checkbox"/>		
Phone: BUS _____ HOME: _____		Permanent Resident: <input type="checkbox"/> Country of Origin _____			
(Voluntary Disclosure) Disability/medical condition? Yes <input type="checkbox"/>			(Voluntary Disclosure) Do you identify yourself as an Indigenous 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"/>		

Program	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	

Courses and Section Number (ex ENG 115 CVB1)

DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:
<p>I declare that the information I have submitted on the application is true and correct. Completion of this application permits North Island College (NIC) to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. I understand that this application is a request for admission and does not guarantee admission to any program or course. Admission is subject to meeting program and course prerequisites and to space availability. Decisions on my admission will be made only after the application fee and all required documents have been submitted. I agree to abide by the established rules and regulations of North Island College, including those of the program in which I shall be registered.</p> <p>For Dual Credit students admitted to courses or programs, I understand that all the details of my application, academic progress, and student conduct record will be shared between NIC and my Secondary School contact.</p> <p>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</p>
Signature: _____ Date: _____

For Office Use Only
Received By _____ Date and Time Received _____



Office of the Registrar

2300 Ryan Road

Courtenay BC V9N 8N6

T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

DISTRICT CAREER EDUCATION FACILITATOR FORM

(to be completed by the School District)

Applicant/Student Name

District

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 may require accommodations and supports must notify NIC Department of Accessible Learning Services (DALs) at least one (1) month before the start of their program *in order to arrange appropriate accommodations. For more information or to book a meeting go to <https://www.nic.bc.ca/student-services/accessible-learning-services/> or call 1-800-715-0914 (switchboard). Please note that additional time may be required for some accommodations (i.e., ASL interpreting).*

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.

The School District agrees to transfer only these credits to the high school transcript.

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 School District 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 of District Career Coordinator/High School Counsellor

Date



School District Sponsorship Form for Dual Credit High School Students

(To be completed by the school district)

Student Information

Student Name:

Student Email:

School District Agreement

The school district supports the application of _____ in _____
(required). (Student Name) (Program/courses)

Tip: Use University Studies as the program if taking 1-2 courses for university transfer. Include the course code and section code for the desired courses. Include only the program name if applying to a full time or part time seat in a program.

The school district agrees to transfer all earned credits to the student's high school transcript (required).

Please select one of the options below:

The school district wishes to be invoiced directly per the agreement outlined in the Sponsorship Details section.

The student will be responsible for all expenses related to their course(s)/program. The school district will inform the applicant of how to request reimbursement if applicable. Please skip Sponsorship Details.

Sponsorship Details (For Sponsoring Districts Only)

We hereby agree to undertake sponsorship from _____ to _____. Please check applicable boxes below and provide the appropriate amount that this agreement will cover:

- Assessment fee (\$20.00)
- Books up to \$ _____
- Fees – Tuition and lab fees \$ _____
- Fees – Tuition, lab fees and NISU student union fees \$ _____
- Fees – Tuition only (does not include lab fees or NISU student union fees) \$ _____
- Learner resource fee \$ _____

School District Information

School District Name:

Mailing Address:

City/Province/Postal Code:

Telephone:

Fax:

Email:

District/High School Contact (to be completed by District Careers Coordinator/High School Counsellor)

This contact will receive important information and updates related to the student's application, student record, grades, and progress.

Name (Print):

Email:

Telephone:

Signature:

Date signed:



FREEDOM OF INFORMATION RELEASE

(to be completed by the Applicant)

Office of the Registrar

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Courtenay BC V9N

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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 your parent/guardian 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.

Applicant / Student Name (print)

Birthdate

_____ has my permission to access my student records, registration and any personal information necessary for, or pertaining to, my application and enrolment at North Island College and to conduct student related business at North Island College on my behalf.

Permission is in effect:

From

To:

MONTH / DAY / YEAR

MONTH / DAY / YEAR

Student Authorization:

I hereby give authorization as identified above:

Student Signature:

Date: