

DUAL CREDIT SD 57 PROGRAM PACKAGE

How to Apply

You and your parent/guardian need to:

Download the Dual Credit program package

Complete the Application Package. This includes the following forms:

- CNC Application for Dual Credit Admission
- CNC Consent to Release Personal Information to a Third Party
- CNC/SD 57 Dual Credit Program Student and Parent Information
- CNC/SD 57 Dual High School/University Credit Program
- CNC/SD 57 Dual Credit Program Sponsorship Form

Meet with your high school counsellor

You and your high school counsellor need to:

Complete the counsellor statement

Review [courses of interest based on time table](#) availability

Have the SD 57 Dual Credit Sponsorship Form signed by the principal

Your counselor submits the dual credit program application package

to registrarsoffice@cnc.bc.ca

Submit your electronic transcript to CNC

Applications must be submitted by:

- **June for the Fall and Spring semesters**
- **January for the Intersession semester**

We strongly recommend students apply before the end of their Grade 11 year to get the best course selection.

This allows for registration into preferred course sections before seats fill up.

Applications will still be processed outside of these deadlines but course selections cannot be guaranteed.

It should be noted that successful completion of your CNC courses does not guarantee future admission at CNC.



CNC Student Number (if known)						

Application for Dual Credit Admission

CAMPUS

Prince George
 Quesnel
 Vanderhoof

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Middle Name(s)
Maiden/Former Last Name(s)		Preferred Name(s)
Address		City
Province	Postal Code	Country
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Undisclosed		Phone
Date of Birth (YYYY/MM/DD)	Primary Language	Email
Do you identify as an Aboriginal/Indigenous Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal/Indigenous Identity: <i>(including Non-Status)</i> <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	

EMERGENCY CONTACT

Last Name	First Name	Phone Number	Relationship
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PROGRAM SELECTION

Program	Intake Semester	Year
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	(SEPT-DEC) (JAN-APR) (MAY-AUG) FALL SPRING INTER	

ADDITIONAL RESOURCES

CNC offers the following resources and services:

- Aboriginal Resource Centre
- Accessibility Services
- Sponsorship
- Youth in Care Funding

PEN (Personal Education Number)							

Required for all BC Grade 12 students

EDUCATION

Last High School Attended

Names on official documents must match student record. Official name change documents may be required.

Name	Province, Country	Start Date (YYYY/MM/DD)	Completed Date (YYYY/MM/DD)	Current or Completed Grade
				<input type="checkbox"/> Less than 12 <input type="checkbox"/> 12 or equivalent

COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

The information on this form is collected under section 19 of the College and Institute Act and section 26(c) of British Columbia's Freedom of Information and Protection of Privacy Act for the purpose of determining admission, registration, research, statistical analysis, locker and U-Pass administration, student health plan, and the ongoing administration of the student experience. The Freedom of Information and Protection of Privacy Act specifically limits how your information may be accessed, used, or disclosed. If you have any questions about the collection and use of the personal information you provide on this form, contact the Office of the Registrar at 250-561-5800 or registrarsoffice@cnc.bc.ca.

DECLARATION

I hereby certify that the information I have submitted in this application for admission is accurate and complete and that no information has been withheld to the best of my knowledge. Submission of this application permits the college to request and/or confirm any information necessary to support my application for admission. I understand that any omission or misrepresentation of information may result in the cancellation of my admission or registration status and that falsifying documents or information may result in immediate expulsion from the College of New Caledonia.

I understand that submission of this application in no way guarantees admission to a program or course and that admission is subject to meeting program and course prerequisites and space availability. In addition, I understand that no decision on my eligibility for admission will be made until the application fee and all required documents have been submitted.

I agree to abide by the rules, regulations, and policies of the College of New Caledonia as published in the Calendar and website, and 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 the College of New Caledonia.

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Parent/Guardian Signature only required if applicant is 17 years of age or younger on the first day of school.

How did you hear about the program?

Website
 Radio
 Social Media
 Word of Mouth
 Other _____

Consent to Release Personal Information to a Third Party

STUDENT INFORMATION (PRINT CLEARLY)

LEGAL FIRST NAME	PREFERRED NAME(S)	CNC STUDENT ID NUMBER
LEGAL SURNAME		DATE OF BIRTH YYYY/MM/DD

THIRD PARTY INFORMATION (PRINT CLEARLY) (PARENT/LEGAL GUARDIAN)

FIRST NAME	SURNAME	PHONE
ORGANIZATION/COMPANY NAME (if applicable)		EMAIL (optional)

PART I - TYPE OF RELEASE

Identify the type of information the College of New Caledonia is authorized to release to the person/organization identified above:

- Registration information (including current registration status)
- Academic status and records: progress, grades, academic standing, graduation, awards etc.
- Tuition, fee information, and student account balance
- Application and wait-list status
- CNC Housing
- Government/Private Loan Information
- Special needs documentation/Disability accommodations
- Other (specify) _____

PART II - DURATION OF RELEASE

Identify the period during which information can be released to the third party identified above.

Start Date: YYYY/MM/DD _____ Start date can be today's date or a start date in the future.

Expiry Date: YYYY/MM/DD _____ This waiver will expire in one year if no expiry date is identified.

PART III - SIGNATURE

By signing below I acknowledge that I have read and understand this document and authorize the College of New Caledonia to release information to the above individuals/organizations. I also understand that this authorization will remain on file and will be valid for one year after I sign it unless an earlier expiry date has been indicated on this form. I also acknowledge that I may withdraw this authorization at any time by signed written letter.

STUDENT SIGNATURE _____ DATE YYYY/MM/DD _____

PART IV- INSTRUCTIONS

Submit this completed form to the Office of the Registrar at regoffice@cnc.bc.ca or deliver the printed form to any College of New Caledonia campus. Campus locations available at www.cnc.bc.ca or by calling 250-562-2131.

Privacy Notification

Your personal information is collected under the authority of the BC Freedom of Information and Protection of Privacy Act and the College and Institute Act for the purpose of third party authorization to release student information. If you have any questions about the collection, use, or disclosure of this information by the College, please contact the Privacy Office a foipp@cnc.bc.ca or by calling 250-562-2131, or by post to CNC

Privacy Office, 3330-22nd Ave. Prince George, BC V2N 1P8.

CNC/School District 57 Dual Credit Program Student and Parent Information

Applicant Name:

Birth Date:

School Name:

FREEDOM OF INFORMATION RELEASE

(to be completed by the student)

The information on this form is collected under the authority of the School Act, Section 13. The information will be used for education program purposes, and when required, may be provided to health services, social services or other support services as outlined in Section 88 and 91 of the School Act.

The College of New Caledonia gathers and maintains information used for the purposes of admission, registration, and other fundamental activities related to being a member of the CNC community and attending a public post-secondary institution in the Province of British Columbia. Information provided to the College by students, and any other information placed into the student record, will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act.

Students are advised that the use of information provided on this application form, and other information placed in a student record, complies with the BC Freedom of Information and Protection of Privacy Act, and with the policies and procedures of CNC and SD 57. In addition to internal administrative uses related to student admission, registration and status, student information may also be used in strict confidence by CNC and /or SD 57 for research and planning.

Certain student information is provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government. The internal use of student records and the obligatory reporting of student data to external bodies respect the absolute confidentiality of student information.

As the program is a collaborative program between CNC and SD 57, I authorize the institutions to share information concerning my application, admission, registration, academic standing and grades. Questions about the collection and use of this information should be directed to:

Freedom of Information and Protection of Privacy Officer
School District No. 57
2100 Ferry Ave
Prince George, BC V2L 4R5
250 561 6800 local 324

or

CNC Registrar's Office
3330 - 22nd Ave.
Prince George, BC, V2N 1P8
250 561 2131

I give permission to share information about my student record, including grades, attendance, performance, and my individual Education Plan (IEP) with my parent/guardian and my School District during the current academic year from September to the following June.

Applicant Signature:

Date:

Name of Parent/Guardian:

Address:

Phone Number:

City:

Postal Code:

Email Address:

CNC/School District 57 Dual High School/University Credit Program

Counsellor Statement (to be completed by the student's counsellor)

Counsellor Name:

School Name:

Phone Number:

Email Address:

This applicant has indicated an interest in studying at the College of New Caledonia. Keep in mind they will be studying in a cooperative learning environment where they will be communicating with adults.

An applicant who requires accommodations and supports must notify CNC Accessibility Services four months before the start of their program to provide time for required accommodations to be put into place.

Choose top 3 courses of interest (max 2 semesters)

Courses

Semester 1

1.

2.

3.

Courses

Semester 2

1.

2.

3.

As the student's counsellor, I have worked closely with this applicant and believe they have shown readiness for this opportunity and the responsibilities associated with studying at a post secondary level. I support their application to the College of New Caledonia.

Signature:

Date:

Title:

CNC/ School District 57 Dual Credit Program Sponsorship Form

Date (mm/dd/yyyy)

Phone 250 562 2131 ext 5800

Fax 250 561 5861

A. SPONSOR'S DETAILS

School District No. 57
2100 Ferry Avenue
Prince George, BC, V2L 4R5
250 561 6800

B. STUDENT'S DETAIL

Surname:

Given Name:

Birth date:

Email:

C. DURATION OF SPONSORSHIP (max 2 semesters)

September Semester
YR

January Semester YR
YR

May Semester
YR

D. LIMITATION & COVERAGE

*TUITION/LAB/COURSE

FEES ONLY Up to 6 credit hours/term

*Ancillary Fees to be covered by CNC

*Books and other supplies to be covered by student

E. PRINCIPAL'S APPROVAL

Principal's Name (please print):

Telephone:

Principal's Signature: