



CNC Student Number (if applicable): _____

SPONSORED/CONTRACT STUDENT INFORMATION (IF APPLICABLE)

Are you being sponsored for this course? If yes, by who: _____

In addition to submitting this Request for Registration form, please submit a [Sponsorship Application Form](#).

COURSE INFORMATION

Program/Course Name: _____ Scheduled Date: _____

Program/Course Name: _____ Scheduled Date: _____

Program/Course Name: _____ Scheduled Date: _____

Program/Course Name: _____ Scheduled Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name (if applicable): _____

Former Last name (if previously taken CNC courses under a different last name): _____

Date of Birth (YYYY/MM/DD): _____

CONTACT INFORMATION

Mailing Address: _____ City: _____ Province: _____ Postal Code: _____

Email: _____ Phone Number: _____

Do you agree to receive emails from CNC Community & Continuing Education (which may include newsletters, promotional offer and announcements about courses and programs)? Collected information will not be sold or shared with any third party. Yes No

Preferred method to be contacted between 9:00am-4:00pm, Monday to Friday: _____

REQUIRED INFORMATION (required by the Ministry of Advanced Education)

CNC collects the following information to comply with our reporting requirements to the [Ministry of Post-Secondary Education](#). CNC recognizes gender identities are diverse. We ask for gender identity using the selections below to comply with the [Government of BC Gender and Sex Data Standard](#).

Gender: Male Female Non-binary Undisclosed

Do you identify yourself as Aboriginal/Indigenous: Yes No

If you identify yourself as an Indigenous Person, are you (please check all that apply): First Nations Metis Inuit

Status in Canada: Canadian Citizen Permanent Resident Protected Person (as designated under the Immigration and Refugee Protection Act) International Student

HOW TO COMPLETE REQUEST AND SUBMIT APPLICATION

Your request for registration is not complete and your seat is not guaranteed until we have received payment or a sponsorship/grant application form. Once you have submitted this complete request for registration, you will receive a confirmation email and a follow-up within 3-5 business days from an agent from the Office of the Registrar. If the course you are trying to register for begins within 48 hours, please email continuingedreg@cnc.bc.ca or call 250-561-5801. *Peak program and course registration times can cause a longer delay for the Registration Clerk to respond to your request for registration.

Forms can be brought in person or mailed/emailed to:

CNC Continuing Education Registration

3330 – 22 Avenue, Prince George, BC V2N 1P8

continuingedreg@cnc.bc.ca

COLLECTION AND USE OF PERSONAL INFORMATION

The College of New Caledonia ("CNC") collects your personal information under section 26 of British Columbia's Freedom of Information and Protection of Privacy Act ("FIPPA"). The personal information you provide is used for making decisions about your admission and registration, confirming your status as a CNC student, conducting quality assurance and improvement research for CNC, and administering the benefits you may be eligible to receive as a student including the student health plan, lockers, U-Pass, and tax forms if those benefits apply. If you have any questions about the management of the personal information that you provide on this form, please contact the School of Access & Continuing Education department at ace@cnc.bc.ca.

APPLYING ON BEHALF OF A MINOR

A minor is anyone 17 years of age and younger. By agreeing to these terms, you agree to the responsibility of paying all fees in full for the student attending class(es) through CNC Community & Continuing Education.

DECLARATION

I declare that the information that I have provided in this application is complete and correct. Completion of this signed application permits the College to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the cancellation of admission or registration at the College of New Caledonia.

I understand the submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability.

If I am admitted to the College of New Caledonia, I agree to familiarize myself with and to abide by the most current policies of the College during my tenure as a student.

In addition, I agree as a condition of registration at the College of New Caledonia to pay all fees and charges as approved by the Board of Governors to the College as required by the deadlines posted by the College, and to pay any interest charges on any sum which becomes due and payable according to the payment procedures 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 class.*