

RESIDENCY

CNC Student Number (if known)							

Application for Admission

🗆 Canadian Citizen \$40	International Student \$125	🗆 Permanent Resident \$40
	Proof of immigration status required	Proof of immigration status required

If paying by Visa, Mastercard or cash, please visit the Office of the Registrar in person or call 250 562 2131. If paying with a cheque or draft, please include it with the application form.

Payment Declaration: Applications received without the application fee will not be processed.

PERSONAL INFORMATION	N					
Legal Last Name	Legal First Na	me			Middle Name(s)	
Maiden/Former Last Name(s)	Preferred Nar	ne			Date of Birth (Y)	YY/MM/DD)
Gender Identity			Primary I	anguage	Phone	
🗆 Man 🗆 Woman 🗆 Non-Bina	ry 🛛 Prefer not to answer/unkn	own				
Email						
Address						
City	Province		Postal Code		Country	
Do you identify as an Aboriginal/Indigenous Person?			ginal/Indigen	ous Identity:		(Including Non-Status)
🗆 Yes 🗆 No		🗆 Firs	t Nations	🗆 Métis	🗆 Inuit	

EMERGENCY CONTACT							
Last Name	First Name	Phone Number	Relationship				

PROGRAM SELECTION									
Program				Intake Semester			Year		
				Part Time Full Time	(SEPT-DEC) FALL	(JAN-APR) SPRING	(MAY-A INTERSES	,	
Cam	pus Prince George	Quesnel	🗆 Burns Lake	□ Mac	kenzie	🗆 Fort St	James	🗆 Vai	nderhoof

ADDITIONAL RESOURCES

If you require additional learning support, such as academic accommodations or adaptive technology, please contact Accessibility Services at least four months prior to the start date of the semester. **Call 250 561 5838 or email** <u>access@cnc.bc.ca</u>



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	Completed Date	Current or
		(MM/YYYY)	(MM/YYYY)	Completed Grade
				🗆 Less than 12
				□ 12 or equivalent
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Post-Secondary Institutions Attended* Official Transcripts may be required for all listed institutions * Applicants who want to apply for transfer credit(s) must submit a Transfer Credit Request form, which can be found at cnc bc ca

Institution	Province, Country	Start Date (MM/YYYY)	Completed Date (MM/YYYY)				
		$(1 \vee 1 \vee$	(v v /TTTT)				

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 regoffice@cnc.bc.ca.

DECLARATION

I acknowledge and agree 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 removal 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 follow 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 I applied to, and any changes that may be made while I am a student at the College of New Caledonia.

SIGNATURE:	DATE:
PARENT/GUARDIAN 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.

PRINCE GEORGE	QUESNEL	BURNS LAKE	MACKENZIE	FORT ST JAMES	VANDERHOOF
3330 22 nd Avenue	100 Campus Way	545 Highway 16 West	540 Mackenzie Blvd	179 Douglas St	195 1 st Street East
Prince George, BC	Quesnel, BC	Burns Lake, BC	PO Box 2110	Fort St James, BC	Vanderhoof, BC
V2N 1P8 Canada	V2J 7K1 Canada	V0J 1E0 Canada	Mackenzie, BC	V0J 1P0 Canada	V0J 3A2 Canada
P 250 562 2131	P 250 991 7500	P 250 692 1700	V0J 2C0 Canada	P 250 996 7019	P 250 567 3200
TF 1 800 371 8111	TF 1 800 371 8111	TF 1 800 371 8111	P 250 997 7200	TF 1 800 371 8111	TF 1 800 371 8111
regoffice@cnc.bc.ca	<u>quesnel@cnc.bc.ca</u>	lksdist@nc.bc.ca	TF 1 800 371 8111	<u>cncfsj@cnc.bc.ca</u>	<u>nechako@cnc.bc.ca</u>
			<u>cncmackenzie@cnc.bc.ca</u>		