College of New Caledonia

CNC Student Number (if known)							

Application for Admission

RESIDENCY

☐ Canadian Citizen $40 ☐ International Student $125 ☐ Permanent Resident $40

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

Legal Last Name	Legal First Name	Middle Name(s)

Maiden/Former Last Name(s)	Date of Birth (YYYY/MM/DD)	Gender ☐ Male ☐ Female ☐ Non-Binary ☐ Undisclosed

Address	City

Province	Postal Code	Country	Primary Language

Email	Phone

Do you identify as an Aboriginal/Indigenous Person? ☐ Yes ☐ No	Aboriginal/Indigenous Identity: *(Including Non-Status)* ☐ First Nations ☐ Métis ☐ Inuit

EMERGENCY CONTACT

Last Name	First Name	Phone Number	Relationship

PROGRAM SELECTION

Program	Intake Semester (circle one)			Year
	(SEPT-DEC) **FALL**	(JAN-APR) **SPRING**	(MAY-AUG) **INTERSESSION**	

☐ **Standard Progression:**
I plan to follow the recommended course schedule and complete my program within the standard timeframe

☐ **Flexible Progression:**
I plan to take 1–3 courses per semester, where applicable, and complete my program over an extended timeframe

Campus

☐ Prince George ☐ Quesnel ☐ Burns Lake ☐ Mackenzie ☐ Vanderhoof

College of New Caledonia

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.)*

Transcript: ☐ **WILL FOLLOW** ☐ **ON FILE**

Name	*Province, Country*	*Start Date (MM/YYYY)*	*Completed Date (MM/YYYY)*	*Current or Completed Grade*
				☐ Less than 12 ☐ 12 or equivalent

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)*

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

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 5837 or email** access@cnc.bc.ca

Please return your completed application to regoffice@cnc.bc.ca or visit your nearest campus in person