



Prince George • Lakes District • Mackenzie • Nechako • Quesnel

For mailing addresses and contact information, please see reverse side of form.

Application Fee: \$15.00

A. PERSONAL INFORMATION			Please print	Complete application thoroughly
1. CNC Student Number (if previously applied):				
2. Last Name		First Name		Middle Name
3. Former Name (if applicable)				
4. Mailing Address			City/Province	Postal Code
5. Local Address (if different from above)			City/Province	Postal Code
6. E-mail address:				7. Birthdate (Year/Month/Day)
8. Phone Number (home) ()		Phone Number (alternate) ()		9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
B. Educational Goal	1. Program applied for:			2. Intended Enrollment <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student
	3. Preferred entry date: Year _____ <input type="checkbox"/> Fall (Sep–Dec) <input type="checkbox"/> Spring (Jan–Apr) <input type="checkbox"/> Intersession (May–Aug)			4. Location(s)/Campus:
C. Citizenship	1. <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> International Student*			
2. Country of Citizenship (if not Canadian)		*International Students must fill out a different application form: please contact your local campus.		
D. Emergency Contact Information	1. Last Name		First Name	
	2. Emergency Contact – Phone Number #1 ()		3. Emergency Contact – Phone Number #2 ()	
E. Aboriginal Status	1. If you have status, with which band are you currently registered?			
	2. Do you identify yourself as an Aboriginal person? (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No		If you would like more information regarding support services, contact First Nations Education Support Services at 250-562-2131, ext. 5460.	
3. If you identify yourself as an Aboriginal person, are you (may provide multiple responses): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit				
F Special Needs	Do you have special need disabling condition or illness that may affect your learning or access to			

G. Educational History (Official Transcripts are required for all institutions attended)

Last High School Attended	Location	BC Personal Education Number (PEN)
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Please indicate:

Last Grade Completed: _____	Your Last Date of Attendance : Year:_____ Month:_____	School District No: _____	High School Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow
If currently enrolled, expected graduation date: Year: _____ Month:_____			

Post-Secondary Institutions Attended:

Name	Location	Date last Attended	Program
1. _____	_____	_____	_____
Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow			
2. _____	_____	_____	_____
Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow			
3. _____	_____	_____	_____
Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow			
4. _____	_____	_____	_____
Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow			

Declaration

Collection of Information: The information on this form and all required admissions documentation is collected for the purpose of determining admission, registration, research, alumni and development, and statistical analysis. It is collected under the authority of the College and Institute Act and your privacy is protected under the Freedom of Information and Privacy Act limiting how your information may be used or disclosed. If you have any questions about the collection and use of your information contact the **Freedom of Information Coordinator, College of New Caledonia at 250-561-5828.**

All hard copied materials/information provided by you in support of your application to CNC become the property of the College and will not be returned to students. These materials/information may be destroyed in six months if you do not attend CNC, six months after successful completion of your program, or after two years of not attending courses at CNC.

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: _____

College of New Caledonia 3330 22nd Avenue Prince George, BC V2N 1P8 Canada Phone 250-562-2131 or Toll-Free 1-800-371-8111	College of New Caledonia Lakes District Campus 545 Highway 16 West Box 5000 Burns Lake, BC V0J 1E0 Canada Phone 250-692-1700	College of New Caledonia Mackenzie Campus 540 Mackenzie Boulevard Box 2110 Mackenzie, BC V0J 2C0 Canada Phone 250-997-7200	College of New Caledonia Nechako Campus 3231 Hospital Road Vanderhoof, BC V0J 3A2 Canada Phone 250-567-3200	College of New Caledonia North Cariboo Community Campus 100 Campus Way Quesnel, BC V2J 7K1 Canada Phone 250-991-7500
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For Office Use Only Date received: _____

Operator: _____ Verified: _____