

Application for Admission

<small>NORTH ISLAND COLLEGE</small> 	Comox Valley Campus Campbell River Campus Port Alberni Campus Mixalakwa Campus	2300 Ryan Rd. Courtenay, BC V9N 8N6 1685 South Dogwood St. Campbell River, BC V9W 8C1 3699 Roger St. Port Alberni, BC V9Y 8E3 Box 901, 140-8950 Granville St. Port Hardy, BC V0N 2P0	Tel (250) 334-5000 Tel (250) 923-9700 Tel (250) 724-8711 Tel: (250) 949-7912	www.nic.bc.ca E: forms@nic.bc.ca E: forms@nic.bc.ca E: forms@nic.bc.ca
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Have you ever attended North Island College? Yes <input type="checkbox"/> No <input type="checkbox"/>	North Island College Student Number _____	PEN: Personal Education Number _____
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Legal Last Name	First Name	Middle Name	Former Last Name:	Preferred First Name:
Mailing Address		City	Province	Postal Code
Phone: Home	Phone: Alternate		E-Mail Address	
Birth Date: YY/ MM/ DD	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Canadian Forces Branch: _____ Rank: _____		
Emergency Contact Name: _____		Canadian Citizen: <input type="checkbox"/>	Convention Refugee: <input type="checkbox"/>	
Phone: BUS _____		Permanent Resident: <input type="checkbox"/>	Country of Citizenship _____	
(Voluntary Disclosure) Disability/medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>		(Voluntary Disclosure) Do you identify yourself as an Indigenous person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
NIC will provide you with information about receiving support services		If yes, are you: First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>		

Program	Use FULL program name Indigenous Language Fluency Certificate in Nuu-chah-nulth		
Start Term: Choose which session by entering the year beside the term.			
Fall (Sept-Dec)/Year	Winter(Jan-Apr)/Year 2025	Spring(May-June)/Year 2025	Summer(July-Aug)/Year
Campus Port Alberni	Intended Load Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Single Course <input type="checkbox"/>		

DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:

I declare that the information I have submitted on the application is true and correct. Completion of this application permits North Island College (NIC) to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. I understand that this application is a request for admission and does not guarantee admission to any program or course. Admission is subject to meeting program and course prerequisites and to space availability. Decisions on my admission will be made only after the application fee and all required documents have been submitted. I agree to abide by the established rules and regulations of North Island College, including those of the program in which I shall be registered.

For individuals admitted to a co-admission program with partner institutions, I understand that all the details of my application, studies, and student conduct record will be shared openly between NIC and the partner institution.

I understand that this information along with subsequent information is collected under the authority of the College and Institute Act and section 26 of the [Freedom of Information and Protection of Privacy Act \(FOIPPA\)](#). Information collected will be used for the purposes of: admissions, registration, grade notification, income tax receipts, research, awards, alumni contact, special events and other activities consistent with the mandate of the institution. NIC collects, uses, retains and discloses information within the College to carry out its mandate and operations in accordance to [Policy 1-01 Freedom of Information and Protection of Privacy](#). Should you have any questions about the collection of information please contact the FIPPA Analyst located at 2300 Ryan Road, Courtenay, BC, V9N 8N6, or email foipp@nic.bc.ca

Signature: _____ Date: _____

FEES: Application Fee \$25.00 (non-refundable)
The application will be processed once payment has been received. Payments may be made in person by VISA, MASTERCARD, American Express, debit card, cash, or cheque. Mailed in applications must be accompanied by cheque or money order. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form. If scanning in your request, a NIC representative will contact you directly for this information and your payment will be processed directly into a secured website. If you are being sponsored for the application fee, please provide the documentation with your application.

For Office Use Only
Received By _____ Date and Time Received _____



Release of Information / Proxy Form

North Island College is bound by the Freedom of Information and Protection of Privacy Act, SBC1992.c61 legislation. Please refer to Part 3 – Protection of Privacy; Division 2 – Use and Disclosure of Personal Information by Public Bodies: 33.1 (1) A public body may disclose personal information referred to in section 33 inside or outside Canada as follows: (b) if the individual the information is about has identified the information and consented, in the prescribed manner, to its disclosure inside or outside Canada as applicable. Once signed, this document may be emailed to: forms@nic.bc.ca

1. Student Information:

Student Name (print): _____ Student No: _____
 Address: _____ Telephone: _____
 City: _____ Province: _____ Postal Code: _____ Birthdate: _____
(mmm-dd-yyyy)

2. Release of Information:

Ahousaht First Nation _____ has my permission to access my student records, registration
PLEASE PRINT
 and any personal information necessary for, or pertaining to, my application and enrolment at North Island College.
 Permission is in effect:
 From: Dec 18, 2024 _____ To: Apr 30, 2026 _____
DATE (mmm-dd-yyyy) DATE (mmm-dd-yyyy)

3. Proxy:

Ahousaht First Nation _____ has my permission to conduct registration related business at
PLEASE PRINT
 North Island College on my behalf, which includes registration, tuition payment, transcript requests, payment of fines, and pick up of documents or books.
 Permission is in effect:
 From: Dec 18, 2024 _____ To: Apr 30, 2026 _____
DATE (mmm-dd-yyyy) DATE (mmm-dd-yyyy)

4. Student Authorization:

I hereby give authorization as identified above:
Student Signature: _____ **Date:** _____
DATE (mmm-dd-yyyy)

FOR OFFICE USE (only):

Date Received: _____ Received by: _____
(Signature in Full)