



Northern Lights
College

APPLICATION FOR ADMISSION

Use this form to apply for admission or re-admission to Northern Lights College Academic, Vocational, or Trades programs.

An application fee is due upon receipt of this form. Domestic applications should be submitted to studenthelp@nlc.bc.ca, International applications should be submitted to info@international.nlc.bc.ca.

Personal Information				NLC student number (if known)								
	Legal last/family name*	Chosen last/family name										
	Legal first/given name	Chosen first name/nickname										
	Legal middle name(s)	Former last/family name(s)										
	Date of Birth (yyyy/mm/dd) *	Primary Language										
	Please indicate your current gender* <ul style="list-style-type: none"> <input type="checkbox"/> Woman (People whose current gender is a woman. This includes cisgender and transgender people who are women.) <input type="checkbox"/> Man (People whose current gender is a man. This includes cisgender and transgender people who are men) <input type="checkbox"/> Non-Binary (People whose current gender is not exclusively a woman or man. This includes people who are agender, pangender, genderqueer, genderfluid, gender-nonconforming, or Two-Spirit) <input type="checkbox"/> Prefer not to answer Do you identify as a: <ul style="list-style-type: none"> <input type="checkbox"/> Cisgender person (People whose sex assigned at birth is the same as their gender) <input type="checkbox"/> Transgender person (People whose sex assigned at birth is different from their gender) <input type="checkbox"/> Non-Binary person (People whose gender identity does not align with a binary understanding of gender such as man or woman) <input type="checkbox"/> Prefer not to answer 											
	Country of citizenship*	Status in Canada if not Canadian (Only applies for those applicants within Canada) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Permanent Resident / Landed Immigrant</td> <td><input type="checkbox"/> Minister's Permit</td> <td><input type="checkbox"/> Refugee (status granted)</td> </tr> <tr> <td><input type="checkbox"/> Student Authorization / Student Visa</td> <td><input type="checkbox"/> Diplomat</td> <td><input type="checkbox"/> Other Visa</td> </tr> <tr> <td><input type="checkbox"/> Studying outside of Canada</td> <td><input type="checkbox"/> Visitor</td> <td><input type="checkbox"/> Live-in Caregiver</td> </tr> </table>			<input type="checkbox"/> Permanent Resident / Landed Immigrant	<input type="checkbox"/> Minister's Permit	<input type="checkbox"/> Refugee (status granted)	<input type="checkbox"/> Student Authorization / Student Visa	<input type="checkbox"/> Diplomat	<input type="checkbox"/> Other Visa	<input type="checkbox"/> Studying outside of Canada	<input type="checkbox"/> Visitor
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<input type="checkbox"/> Studying outside of Canada	<input type="checkbox"/> Visitor	<input type="checkbox"/> Live-in Caregiver										
Do you identify yourself as an Indigenous person of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you identify yourself as an Indigenous person, are you: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First Nations</td> <td><input type="checkbox"/> Métis</td> <td><input type="checkbox"/> Inuit</td> </tr> </table>			<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit						
<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit										
How did you hear about us?												
Contact Information	Mailing Address*		City*									
	Province/State (if applicable)	Postal Code/Zip Code (if applicable)	Country*									
	Primary phone number* <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Mobile/Cell</td> <td><input type="checkbox"/> Business</td> <td><input type="checkbox"/> Home</td> </tr> </table>	<input type="checkbox"/> Mobile/Cell	<input type="checkbox"/> Business	<input type="checkbox"/> Home	Additional phone number	<input type="checkbox"/> Mobile/Cell <input type="checkbox"/> Business <input type="checkbox"/> Home						
	<input type="checkbox"/> Mobile/Cell	<input type="checkbox"/> Business	<input type="checkbox"/> Home									
	Email address (please print clearly)*											
Emergency Contact – Full name of contact*		Emergency Contact – Primary (daytime) phone number*										
Academic History	High School (Board) or Post-Secondary Institution Name	Location	Years Attended (from/to)	Grade or Credential completed								

* indicates a required field

Program	Program applying for (<i>International Applicants, please see list of eligible programs</i>)*	Term applying for* Year: _____ <input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/> Winter (Jan-Apr) <input type="checkbox"/> Spring (May-Aug)
	Preferred campus location* <input type="checkbox"/> Dawson Creek <input type="checkbox"/> Fort St. John <input type="checkbox"/> Fort Nelson <input type="checkbox"/> Chetwynd <input type="checkbox"/> Tumbler Ridge <input type="checkbox"/> Dease Lake <input type="checkbox"/> Atlin <input type="checkbox"/> Online	Intended load* <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	What applicant type are you? * <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Dual Credit <input type="checkbox"/> Senior (age 65+) <input type="checkbox"/> Visiting <input type="checkbox"/> Exchange	
	ITA/Skilled Trades BC ID Number (For Apprenticeship Programs Only)*	

Supports	If you require additional support services due to a disability or medical condition, please go to nlc.bc.ca/student-services-hub/access-services/
	If you would like information about on-campus housing while attending NLC, please go to nlc.bc.ca/prospective-students-housing/
	If you are being supported financially or sponsored by a third party, please go to nlc.bc.ca/make-a-payment/
	If you are living or have lived as a Youth in Care in British Columbia, please go to nlc.bc.ca/former-youth-in-care/

International Applicants	English Language Assessment being submitted* <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Other: _____	Passport Number
	If you are an international applicant and an authorized agent is representing you, please complete this section. Upon signing this application form, you authorize NLC to include the agent/agency named below in all admissions related communications.	
	Agent Name	Agency
	Agent Email Address	Phone number (please include country code)
	If you wish to allow NLC to share information about your application with a family member, friend, or other representative, please include their contact info below.	
	First and Last Name	Relationship
Email Address	Phone Number	

Freedom of Information and Protection of Privacy Statement

Information collected and maintained as part of our student records is collected under the authority of the College and Institute Act. Northern Lights College gathers and maintains information used for the purposes of admission, registration and other fundamental activities related to being a member of the Northern Lights College community and attending a public post-secondary institution in the Province of British Columbia as well as broader safety purposes including ensuring security on all Northern Lights College campuses. Information you provide will also be used for non-administrative research purposes. This research includes longitudinal research using anonymous linked records in the B.C. Educational Records Linkage File (Link File). The personal records in the Link File are not identifiable and are not used for administration purposes. In compliance with the Freedom of Information and Protection of Privacy Act (FOIPOP), Northern Lights College (NLC) is prohibited from providing information from your student record to a third party, including student records such as information on attendance or grades, invoices, financial aid (including scholarships, grants, or loan amounts). This restriction applies, but is not limited to, your parents or guardians, your spouse, or a sponsor. For further information please contact the Registrar.

Release of Information Statement

Re: Emergency Contact - I hereby authorize Northern Lights College to release my information to or contact the person I have named on my application form as an Emergency Contact in situations the College decides are urgent, including, for example, health problems, safety concerns, and/or wellness.

Re: International Agents/Other Representatives - I hereby authorize Northern Lights College to release any of the following items: application information, admission status, Letter of Offer or Acceptance, transcripts, academic progress, and attendance records to my agent, and/or the person I have name on my application form. I understand I can revoke this Student Records Release at any time by notifying StudentHelp@nlc.bc.ca

Initials

Declaration	I hereby declare that the information I have submitted on this form is true and correct to the best of my knowledge. Completion and submission of this form permits Northern Lights College (NLC) to request and/or confirm any information necessary to support my enrolment. I understand any misrepresentation of this information may result in the cancellation of my enrolment and falsifying documents or information may result in immediate and permanent dismissal from the College. I agree to abide by the rules and regulations of NLC as published in the Academic Calendar, the policies as published in the NLC Policy Manual, and those of the department and program in which I shall be registered, and any changes which may be made while I am a student at the NLC. I understand that this application form does not guarantee me admission into NLC and that NLC has the right to cancel a program at any time.	
	_____	_____
	Applicant Signature	Date

Office Use Only		
<input type="checkbox"/> Ensure form is complete (check all required fields) <input type="checkbox"/> Collect the relevant application fee <input type="checkbox"/> Confirm contact information is updated in Colleague if existing <input type="checkbox"/> Process application and save to Boris <input type="checkbox"/> Issue prerequisite letter	Received by (name, please print)	Notes
	Date Received	

* indicates a required field