

## APPLICATION FOR **ADMISSION**

## Confidential

OFFICE OF THE REGISTRAR 11401–8th St., Dawson Creek, B.C. V1G 4G2 Ph 250-782-5251 • Fax 250-782-5233

## CAMPUS OF STUDIES Please check one

□ CHETWYND CAMPUS
Box 1180, 5132-50th St., Chetwynd, B.C. V0J 1J0 - ph 250-788-2248 • fax 250-788-9706

□ DAWSON CREEK CAMPUS
11401 - 8th St., Dawson Creek, B.C. V1G 4G2 - ph 250-782-5251 • fax 250-784-7563

☐ **FORT NELSON CAMPUS**Box 860, 5201 Simpson Trail, Fort Nelson, B.C. V0C 1R0 – ph 250-774-2741 • fax 250-774-2750

☐ FORT ST. JOHN CAMPUS
Box 1000, 9820 - 120th Ave., Fort St. John, B.C. V1J 6K1 - ph 250-785-6981 • fax 250-785-1294

TUMBLER RIDGE CAMPUS
Box 180, 180 Southgate, Tumbler Ridge, B.C. V0C 2W0 – ph 250-242-5591 • fax 250-242-3109

## PLEASE PRINT

Submit completed forms in person to any NLC campus or via email to StudentHelp@nlc.bc.ca

	, , ,
Student Number Social Insurance Number  (IF APPLICABLE)	Date of Birth  Male  Female
LEGAL SURNAME  LEGAL FIRST NAME  LEGAL MIDDLE NAME(s)  MAIDEN NAME OR FORMER NAME(s) USED (IF ANY)	Home phone  Work phone  Cell phone  CITIZENSHIP  Canadian  Landed immigrant  Student visa  Other  If not Canadian, please state citizenship:
E-MAIL ADDRESS  PERMANENT MAILING ADDRESS  Address  City Province Postal Code  LOCAL MAILING ADDRESS, IF DIFFERENT THAN ABOVE  Address	I WISH TO DECLARE ABORIGINAL STATUS (please check all that apply)  First Nations Inuit  Status Métis  Non-status Other  I WISH TO DECLARE I AM A DISABLED STUDENT
City Province Postal Code  EMERGENCY CONTACT (OPTIONAL)  Name Phone	I AM AN APPRENTICE Industry Training Authority ID Number: BILLING STATUS
PROGRAM OF INTEREST Full time Part time  Program name  Start date	Feepayer  Out of country/International  Senior citizen (65 years or older)  Sponsored
SECONDARY SCHOOL HISTORY  Name of school	Agency name  Address  FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY
From	Information collected and maintained as part of our student records is collected under the authority of the Colleges and Institutes 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. 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 administrative purposes. For further information please contact the Registrar's Office.
TRANSCRIPT(S)  Attached I will forward	Students shall become familiar with the academic and administrative regulations of the College. Northern Lights College reserves the right to make changes as necessary without notice or prejudice.

The information given in this application is, to the best of my knowledge, complete and accurate. I agree to notify the College in writing of any changes.