



Dual Credit Application for Youth Train in Trades (for High School Students)

www.nic.bc.ca T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

North Island College Student Number	PEN: Personal Education Number
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Legal Last Name / First Name / Middle Name		Preferred First Name	
Mailing Address	City	Province	Postal Code Phone: Home
E-Mail Address		Birth Date: YY/MM/DD	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Emergency Contact Name: _____ Phone: BUS _____ HOME: _____		Canadian Citizen: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Country of Origin _____	
(Voluntary Disclosure) Disability/medical condition? Yes <input type="checkbox"/>		(Voluntary Disclosure) Do you identify yourself as an Aboriginal 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 as listed in the North Island College Calendar.
Campus/Centre	
Start Term: Choose which session by entering the year beside the term.	
Fall (Sept-Dec)/Year	Winter (Jan-Apr)/Year Spring (May-June)/Year Summer (July-Aug)/Year

Courses	

<p>DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:</p> <p>I declare that the information I have submitted on the application is true and correct. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College.</p> <p>I understand that this information along with subsequent information is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, graduation, alumni development and other purposes consistent with the mandate of the institution.</p> <p>For dual credit courses/programs, I understand that all the details of my application, studies, and student conduct record will be shared openly between NIC and the applicable school district. I understand while attending NIC, I must observe all college policies.</p> <p>Signature: _____ Date: _____</p>
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<p>For Office Use Only</p> <p>Received By _____ Date and Time Received _____</p>

**DISTRICT CAREER EDUCATION FACILITATOR FORM**

(to be completed by the School District)

Student Name_____
District

This applicant has indicated an interest in studying at North Island College. Keeping in mind they would be studying in an adult learning environment where they would be communicating with adults in a cooperative learning environment, please answer the following questions.

Does this student have any identified special needs or learning challenges? ☐ YES ☐ NO

Applicants who require accommodations and supports must notify NIC/DALS six months before the start of their program to provide time for required accommodations to be put into place.

Please comment on this student's academic readiness and maturity to study in an adult environment. If the student does not meet the academic admission requirements but you believe the student should be provided an option to write a math/English placement assessment, please advise and provide rationale.

Self-motivation and commitment to learning are important attributes for a successful learner at the post-secondary level. How do you view this student in this regard?

Do you recommend this student to take the identified course(s)/program at NIC?

- ☐ No. I do not make a recommendation.
- ☐ Yes. I have worked closely with this applicant, and I believe they have shown readiness for this opportunity. I support their application to NIC.

Is NIC to invoice the School District directly for any fees for this applicant?

- ☐ No. District Career Programs Coordinator/High School Counsellor will inform the Applicant how to request reimbursement if applicable.
- ☐ Yes. District Career Programs Coordinator/High School Counsellor to complete attached School District Sponsorship Agreement (attached) for NIC permission to invoice the School District directly.

Or

- ☐ Yes. District Career Programs Coordinator/High School Counsellor will provide NIC with letter of sponsorship under separate cover. Note: Sponsorship letter must be received by NIC prior to fee deadline for student to retain seat in program/courses.

Signature of District Career Programs Coordinator/High School Counsellor_____
Date_____
Telephone_____
Email Address



Office of the Registrar
 2300 Ryan Road
 Courtenay BC V9N 8N6
 T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

SCHOOL DISTRICT SPONSORSHIP AGREEMENT

For Dual Credit High School Students

(to be completed by the School District)

SCHOOL DISTRICT INFORMATION

We hereby undertake to sponsor:

_____ in the _____
 Name of Student Name of program or course(s)

From: _____ to _____ for the following amounts.
 MONTH/YEAR MONTH/YEAR

Note: NIC [Policy 4-04 Fees and Refunds](#) applies to all dual credit students and their sponsors.

Please check applicable boxes:

- | | |
|---|---|
| <input type="checkbox"/> Assessment Fee \$15.00 | <input type="checkbox"/> Lab Fee |
| <input type="checkbox"/> Books up to \$ _____ | <input type="checkbox"/> Learner Fee |
| <input type="checkbox"/> Tuition up to \$ _____ | <input type="checkbox"/> NISU (Student Society) |

Additional Instructions _____

School District Name _____

Mailing Address _____

City _____ Prov. _____ Postal Code _____

Telephone (____) _____ Fax (____) _____ Email _____

 Contact Name (print)

 Title (print)

 Signature

 Date



Office of the Registrar

2300 Ryan Road

Courtenay BC V9N 8N6

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FREEDOM OF INFORMATION RELEASE

(to be completed by the Applicant)

North Island College is governed by the Freedom of Information and Privacy Act (FIPPA) and as such is not able to discuss student progress and attendance with a parent/guardian without the permission of the applicant/student. Your signature below provides permission to your parent/guardian to access your student record information.

I give permission to share information about my student record, including grades, attendance and performance with my parent/guardian during the current academic year.

Applicant/ Student Name (print)

Birthdate

Parent or Guardian Name (print)

has my permission to access my student records,

registration and any personal information necessary for, or pertaining to, my application and enrolment at North Island College and to conduct student related business at North Island College on my behalf.

Permission is in effect:

From _____
MONTH / DAY / YEAR

To: _____
MONTH / DAY / YEAR

Student Authorization:

I hereby give authorization as identified above:

Student Signature: _____ Date: _____