

## Personal Information

Have you ever attended North Island College?    Yes    No    If yes, NIC student #: \_\_\_\_\_

Legal last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Former last name, if applicable: \_\_\_\_\_ Preferred first name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:    M    F

Emergency contact name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Canadian Citizen    Permanent Resident    If permanent resident, country of origin: \_\_\_\_\_

International student    If international student, country of origin: \_\_\_\_\_

## Course Selection(s)

Course code: \_\_\_\_\_ Course name: \_\_\_\_\_ Start date (mm/dd/yyyy): \_\_\_\_\_

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## For Sponsored Students Only

Sponsoring organization/company: \_\_\_\_\_ PO #: \_\_\_\_\_

I hereby authorize the release of all academic records relating to my admission or education to the sponsoring agency.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Disclosure

Do you identify yourself as an Indigenous person?    Yes    No    If so, are you:    First Nations    Métis    Inuit

Do you have a disability/medical condition?    Yes    No    NIC will provide you with information about receiving support services

## DECLARATION

### Please read the following before signing:

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. 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](mailto:foipp@nic.bc.ca)

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Options

- **ONLINE:** Visit [www.nic.bc.ca/continuing-education](http://www.nic.bc.ca/continuing-education) and click Register for Continuing Education Courses
- **MAIL:** Mail completed registration form to Student Services with payment by cheque with full fees. No post-dated cheques are accepted. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form.
- **EMAIL:** Save this completed form before sending (otherwise it will be blank). Email the completed form to NIC Comox Valley Continuing Education: [CETinfo-cv@nic.bc.ca](mailto:CETinfo-cv@nic.bc.ca). A staff member from the Continuing Education department will contact you to take payment when the registration is processed.