



nlc.bc.ca

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 250-782-7563
- 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

MODEL RELEASE: I consent to and authorize the use and reproduction by Northern Lights College, or anyone authorized by Northern Lights College, for the purposes of promoting the College, its programs, or its partnerships, without compensation to me unless otherwise agreed to in writing, of the following: my name; any and all images taken of me by any NLC employee or agent thereof; and/or any and all verbal or written quotations provided by me to an NLC employee or agent thereof.

yes
 no

PLEASE PRINT

Student Number

(IF APPLICABLE)

Social Insurance Number

Date of Birth

YEAR MONTH DAY

Male

Female

LEGAL SURNAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME(S)

MAIDEN NAME OR FORMER NAME(S) USED (IF ANY)

E-MAIL ADDRESS

PERMANENT MAILING ADDRESS

Address _____

City _____ Province _____ Postal Code _____

LOCAL MAILING ADDRESS, IF DIFFERENT THAN ABOVE

Address _____

City _____ Province _____ Postal Code _____

EMERGENCY CONTACT (OPTIONAL)

Name _____ Phone _____

PROGRAM OF INTEREST Full time Part time

Program name _____

Start date _____

SECONDARY SCHOOL HISTORY

Name of school _____

From _____, _____ to _____, _____

Highest grade completed _____

POST-SECONDARY HISTORY

Name of institution _____

From _____, _____ to _____, _____

City/Province _____

Degree(s) _____

TRANSCRIPT(S) Attached I will forward

Home phone _____

Work phone _____

Cell phone _____

CITIZENSHIP

- Canadian Landed immigrant
- Student visa Other

If not Canadian, please state citizenship:

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

I AM AN APPRENTICE

Industry Training
Authority ID Number: _____

BILLING STATUS

- Feepayer
- Out of country/International
- Senior citizen (60 years or older)
- Sponsored

Agency name _____

Address _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

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.

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.

Signature – Student

Date

Signature – College Official

Date