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OFFICE USE

Appl. #1:

Appl. #2:

Entered By:

Date: -

INST	<b>FDII</b>	CTI	0	N

Telephone: Signature:

Name of Cardholder:

(Credit Card Number)

- Forward an official high school transcript (mandatory), college, university transcript(s) (optional) if available. We accept Grade 11 transcripts until your Grade 12 transcript is available. Your application will only be evaluated once we receive all documents (application, transcript, application fee).
- Attach the appropriate application fee: cheque, money order (payable to the "Minister of 2. Finance") or call us at 1-888-796-NBCC to pay by phone or online at www.nbcc.ca.
- Scan to email at admissions@nbcc.ca or mail your application form and appropriate 3. documents to the College Admissions Service, 6 Arran St., Campbellton, NB E3N 1K4 or visit www.nbcc.ca or apply in-person at any of our six campuses.
- Please ensure you carefully read and answer all questions on **<u>both</u>** sides of this form. 4

# PERSONAL INFORMATION (\*indicates a mandatory or required field)

*Last Name:	*Fi	rst Name:		Middle Na	me:
Birth (maiden) Name:			_ Other (former) N	Name:	
*Date of Birth:			Gender:	M n F	
(Yea Social Insurance Number:	ar/Month/Day)		NBEN:		
*Home Address:				(New Brunswick Edu	ication Number)
	Street/Rural Route #/	P.O. Box	City/Town		Province
Mailing Address (if different):	Postal Code		County – NB only		Country
	Street/Rural Route #/	P.O. Box	City/Town		Province
w	Postal Code		County – NB only		Country
*Home Telephone:		Work:	∩ Ves I want t		rom NBCC via text message <del>.</del>
*Home Email:					Tom typee the text message:
Canadian Citizen	Permanent Resident (Land	led Immigrant)	Other: _		
*Country of Citizenship:					
First language: Frence Check any that may apply. I am Mature Student (over 21 year Are you an Aboriginal perso Note: First Nations (North Americ Yes, First Nation (North	applying as: rs old and missing admission require on, that is, First Nation (North ran Indian) include Status and Non-Si	nents; additional form to be American Indian); Méti	completed)		
PROGRAM CHOICE maximum	of two program choices per	academic year			OFFICE USE
*First Choice:					
Second Choice:	(Program/Option)	(Campus)		(Term/Year)	
	(Program/Option)	(Campus)		(Term/Year)	-
*EDUCATION					
Secondary Education					
Public High School	GED Adult I	High School	Private School	Homeschooled	
(Name of School)		(Last Level Completed)	(Date Comple	eted: Year/Month/Day)	
Post-Secondary Education					
Certification Achieved:	Certificate Diploma	Bachelor (	] Other:		
Name of Institution:					
Years of Post-Secondary Partial	y Completed: 1	2 3 4	Name of Instituti	ion:	
Certification Type:	Certificate Diploma	Bachelor (	Other:		
DISCLOSURE STATEMENT					
to the inclusion of the second desired					
I authorize the College Admissi	ons service to disclose my inf	ormation to:		(Print Clearly the Name of	f Person/Guardian/Other)
PAYMENT INFORMATION app	plication fees are NON REFUN	IDABLE		OFFICE USE	
Name of Student:					
Canadian/Domestic \$50 (	International \$100 (Set F	ee Includes Up To 2 Prog	gram Choices)		
MasterCard (		ble to the "Minister of			

(Expiry Date: Month/Year)

## ACCOMMODATIONS AND ACCESSIBILITY SERVICES FOR STUDENTS

NBCC

NBCC is committed to providing an accessible learning environment for all students. At NBCC, we want to make sure each student has an equal opportunity to access education, training and services.

## □ I have a disability and/or have accommodation or accessibility needs.

Note: checking this box does <u>not</u> increase or decrease your chances of being accepted to NBCC, but it does help us plan to serve you better. Checking this box is completely voluntary.

#### WHO should check this box?

You should check this box if:

- You have accommodation or accessibility needs
- You received accommodations, learning support, or had a Special Education Plan (SEP) while in high school
  - You are a person with a disability, for example:
    - anxiety, depression, bipolar disorder, schizophrenia
    - learning disability, dyslexia, reading disorder
    - mobility disability
    - deaf or hard of hearing; blind or low-vision
    - ADHD
    - diabetes, chronic pain and other health-related conditions
    - autism spectrum disorder, Asperger's syndrome
    - many others

## WHY should I check this box?

Sharing this information helps us determine the supports you need while studying at NBCC. For instance, we may be able to help you apply for funding that can pay for assistive technology and tutors or we can help develop a personalized plan to meet your learning needs.

#### WHAT happens if I check this box?

Upon acceptance into an NBCC program, you will be contacted by a member of our *Student Success Team* who will discuss with you how we can best assist you while you are an NBCC student. In the meantime, please visit <u>www.nbcc.ca/swd</u> for important information on how to access accommodations and other support.

OTHER INFORMATION
How did you find out about NBCC?   Advertisement Brochure   Family/Friends Alumni   Teacher/Guidance Recruiter   Internet Other: (please specify)
Please indicate which, if any, of our events you may have attended:
Student for a Day Information session Middle school visit Campus tour
DECLARATION
Please note that all official documentation (ex. acceptance letter) will be sent to you by regular mail. We may also communicate campus and program related information by email.
This section needs to be signed by the applicant in order to complete the application form.

Name of applicant (please print):

Signature:

Privacy: The information you provide will be confidential and treated in accordance with the New Brunswick Right to Information and Protection of Privacy Act.