Application for Admission

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Office use only

Instructions

1. Please print clearly.

- 2. Forward an official High School transcript (mandatory), College, University transcript(s) (mandatory if available). We accept grade 11 transcript until your grade 12 transcript is available. Your application will ONLY be evaluated once we receive all documents (application, transcript, application fee).
- For International applicants, you must also submit proof of your language proficiency. For more information, consult the "Admissions" section of the calendar.
- 3. Fax (506-789-2430) or mail your application form and appropriate documents to the College Admissions Service, 6 Arran Street, Campbellton, NB E3N 1K4 or visit our Web site at http://www.nbcc.nb.ca.
- 4. Attach the appropriate application fee: cheque or money order payable to the "Minister of Finance" or call us

to pay by phone.				Entered by: _		
5. Call 1-800-376-5353 or 506-789-2			<u>a</u> for more information or			
if you have not received an acknowledge				Date:		
You are responsible to advise the provided on this application.	College Admissions Ser	vice of any change to ti	ne information you have			
* Indicates mandatory	or required fie	ald.				
maicates mandatory	or required fie	.iu.				
Personal Information	n					
*1. Are you a returning student to N	BCC-CCNB? Yes	No If yes, please pro	vide the following information: S	tudent ID number _		
Program/Option			Campus			
2. Mother tongue: English	French Other (Spe	ecify)	Other Languages spoken (Sp	ecify)		
3. Are you applying as one of the fo	llowing? Yes No	o If yes, please check o	nly one below:			
International Student						
		•	udent in a program which require r for more information on langua		ach documentation of	your English Langua
Mature student (Must be 21 ye	ars or older and must no	ot meet admission requ	irements)			
Aboriginal Student						
Youth Apprenticeship Program	(YAP)					
*Legal Last name			_*Legal First Name	()£ 4)££	A Abras I a sal Finat Nama)	
Middle Name (Optional)			(if different than Legal First Name) Preferred First Name			
Birth (Maiden) Name			_ Other (Former) Name			
Social Insurance Number	/	/	_Gender: Male Female			
Medicare Number (NB)			_*Date of Birth/	/		
E-mail: Home				mm dd		
Preferred E-mail Address: Home	Work (Please chec	k only one)				
Telephone Number: Home				Work		
Preferred Telephone Number to cor						
) ()(·				
*Home Address (permanent reside	nco)		Mailing Address (di	forant from homa)		
Home Address (permanent reside	nec)		manning Address (an	icient nom nome,		
Street/Rural	Route No/Box No		-	Street/Rural Ro	ute No/Box No	
County (if NB)	Cit	y/Town	County (if NB)	City/To	own
		Postal Code	- Province			Postal Code

Services for Students with Disabilities

NBCC-CCNB supports students with disabilities. Appropriate academic accommodations require time to plan and implement therefore early self-identification is encouraged. To self-identify, complete the form available at http://www.nbcc.nb.ca, click on New Brunswick Community College, section Current Students. In this menu, click on the "Disabililty Self Identification Form". Forward this form with the application form to the College Admissions Service.





Card holder signature		NBCC.nb.ca
(Please print clearly)		
me of Card Holder:		
edit Card Number://Expiry Date	:/mm	
Money Order (Canadian funds only) Cheque (Canadian funds only) Make cheque or money order payable to the "Minister o	of Finance".	
Credit Card		
INTERNATIONAL \$100 for ONE or TWO programs		
CANADIAN \$50 for TWO programs		
plication Fee: (Please print of Applicant. (Please print of Applicant.)	clearly)	
ayment Information Name of Applicant:		Office use only
r other information relating to your application, please call 1-800-376-	-5353 or 506-789-2404 or F-1	mail us at nbcc.admission.ccnb@anb.ca.
I do not authorize the College Admissions Service to disclose my information.		
I authorize the College Admissions Service to disclose my information to	(Print clearly the nam	ne of parent/guardian/other)
isclosure Statement		
nsidered in the assessment of your application.		
ORK EXPERIENCE ou wish, ask your employer to send us a letter of reference of related employment indica	ting the duration and type of emplo	nyment. Your work experience could be
	(Year 1, 2, etc.)	yy mm
Certificate Diploma Bachelor Degree or last level completed		Date completed /
me of the institution		
LLEGE / UNIVERSITY / OTHER POST-SECONDARY EDUCATION	(Grade 10, 11	or 12) yy mm
me of the SchoolLa	ast Level completed(Grade 10, 11	
HIGH SCHOOL GED ADULT HIGH SCHOOL		
t the highest level of education you have obtained from another school (Attach transcrip	pts in English or French):	
ducation and Work Experience		
m: Summer Fall Winter Spring Academic Year		
gram/Option	•	
cond Choice:	-	
m: Summer Fall Winter Spring Academic Year		
gram/Option	Campus	
ferred Choice:		
ou are admitted in your second choice and confirm your seat, and later become admitted ange. You will have 30 days (60 days if you are an International applicant) from the date your confirmation fee.		
th choices of program will be evaluated. Once accepted in your preferred choice of progr		
PORTANT	i rease maicate what	,
rogram Choice nat Program/Option of study are you interested in and what Campus do you plan on	attending? Please indicate what	term/academic year you are applying for
untry of origin:		
ou are in Canada on a Student or Other Visa or applying as an international student from	abroad, indicate your country of ori	igin below:
Canadian Citizen Permanent Resident/Landed Immigrant Student Visa E		
(Specify) nat is your citizenship status in Canada?		(Specify)
	_	