

**BACHELOR OF FINE ARTS-EXTERNAL  
IN COLLABORATION WITH NORTH ISLAND COLLEGE  
APPLICATION FOR ADMISSION SEPTEMBER 2011**

PERSONAL INFORMATION													
FAMILY/LAST NAME				GIVEN/FIRST NAME (IN FULL)				OTHER/MIDDLE NAME					
STREET NAME AND ADDRESS													
CITY				PROVINCE/STATE				COUNTRY					
POSTAL/ZIP CODE		EVENING OR HOME PHONE (AREA CODE + NUMBER)			DAY PHONE (AREA CODE + NUMBER)			EMAIL					
FORMER NAME(S)								OPTIONAL DISCLOSURE: DO YOU WISH TO BE CONTACTED BY A DISABILITIES COORDINATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTH DATE:		YEAR	MONTH	DAY	CANADIAN SOCIAL INSURANCE NUMBER:							
<b>CITIZENSHIP:</b> YOU MUST CHECK ONE OF THE FOLLOWING:				<input type="checkbox"/> CANADIAN CITIZEN				<input type="checkbox"/> LANDED IMMIGRANT/PERMANENT RESIDENT Landed immigrants/permanent residents of Canada must submit a copy of their immigration form.				<input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY	
ABORIGINAL STATUS: (OPTIONAL DISCLOSURE) DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO				If you identify yourself as an Aboriginal Person, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit				Are you registered under the Indian Act of Canada (i.e. Status)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
MY PRIMARY LANGUAGE IS:		<input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER: PLEASE SPECIFY		<input type="checkbox"/> I HAVE TAKEN/WILL TAKE TOEFL (USE TOEFL CODE #0032) Applicants whose primary (first) language is not English may be required to submit a score from the Test of English as a Foreign Language.									
EMERGENCY CONTACT:		NAME				PHONE NUMBER (AREA CODE + NUMBER)							
I AM APPLYING FOR: SEPTEMBER 2011				<input type="checkbox"/> FULL TIME (12-15 CREDITS)				<input type="checkbox"/> PART TIME (3-9 CREDITS)					
YEAR LEVEL ENTRY		PROGRAM											
<input type="checkbox"/> THIRD YEAR		BACHELOR OF FINE ARTS – EXTERNAL AT NORTH ISLAND COLLEGE											
SECONDARY (HIGH SCHOOL):													
NAME OF HIGH SCHOOL				CITY		DATE OF COMPLETION		GRADE LEVEL		BC APPLICANTS: PEN #			
POST-SECONDARY (INCLUDE THE INSTITUTION YOU ARE CURRENTLY ATTENDING - LIST MOST RECENT FIRST):													
NAME OF INSTITUTION				CITY		DATES OF ATTENDANCE		PROGRAM/EDUCATION LEVEL					
I AGREE THAT RELEVANT INFORMATION PERTAINING TO MY APPLICATION AND STUDIES AT NORTH ISLAND COLLEGE AND EMILY CARR UNIVERSITY CAN BE SHARED BETWEEN BOTH INSTITUTIONS													
Have you ever applied for admission to the University, or have you ever taken a course at Emily Carr University or the Vancouver School of Art (including Continuing Studies courses)?								<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE GIVE STUDENT IDENTITY NUMBER:			

I declare that I have answered truthfully all questions. I confirm that all submitted work, written or in the portfolio, is my own. If admitted to the University, I agree to familiarize myself with, and abide by, University policies during my years of attendance.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_