



*Application Fee: \$125 (Non Refundable)*

## International Student Application for Admission

**CNC Student Number:**

Intended Start Date:  September  January  May Year: \_\_\_\_\_

### PROGRAM YOU ARE APPLYING FOR

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ESL                           | <input type="checkbox"/> University Transfer                    | <input type="checkbox"/> Business Diploma      |
| <input type="checkbox"/> ESL + University Transfer     | <input type="checkbox"/> Post-Diploma Information Technologies  | <input type="checkbox"/> College & Career Prep |
| <input type="checkbox"/> ESL + Business Administration | <input type="checkbox"/> Post Diploma—Human Resource Management |  |
| <input type="checkbox"/> Other (Name Program) _____    |   |  |

**How did you hear about CNC?** \_\_\_\_\_

### STUDENT INFORMATION

**SPP Applicant?** Yes  No

|  |  |                                 |                    |
|--|--|---------------------------------|--------------------|
| Last/Family Name:                                  |  | First Name:                     |                    |
| Birthdate: _____ / _____ / _____<br>Year Month Day |  | <input type="checkbox"/> Male   | Citizenship: _____ |
|  |  | <input type="checkbox"/> Female | (country) _____    |

Street Address: \_\_\_\_\_

|              |           |             |
|--------------|-----------|-------------|
| City:        | District: | Country:    |
| Postal Code: | Email:    | Cell/Phone: |

### MAILING ADDRESS *(if different than the above)*

Address: \_\_\_\_\_

|       |                     |
|-------|---------------------|
| City: | District / Country: |
|-------|---------------------|

### EMERGENCY CONTACT *(gives authority to act on behalf)*

First & Last Name of Contact: \_\_\_\_\_

|                                     |             |
|-------------------------------------|-------------|
| Relationship (mother, brother etc): | Country:    |
| Email:                              | Cell/Phone: |

### AGENT & AGENCY INFORMATION

Name of Agency or Company: \_\_\_\_\_

|          |        |             |
|----------|--------|-------------|
| Country: | Email: | Cell/Phone: |
|----------|--------|-------------|

**COURIER LETTER OF ACCEPTANCE TO:**  My address  My Agent

## IMMIGRATION DETAILS

Passport # \_\_\_\_\_ Country of Issue \_\_\_\_\_  
Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Study Permit # \_\_\_\_\_ Start Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

## PREVIOUS EDUCATION *(official transcripts required)*

ESL Credentials: TOEFL  IELTS   
Score \_\_\_\_\_ Score \_\_\_\_\_

**OFFICIAL DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION FOR ALL PROGRAMS OTHER THAN ESL**

|                                      |          |                    |       |
|--------------------------------------|----------|--------------------|-------|
| Last Secondary School Attended:      | Country: | Grade Completed:   | Year: |
| Last College or University Attended: | Country: | Program Completed: | Year: |

## ACCOMMODATIONS

- Homestay (complete the form included in this package)  
 Thank you, I have arranged Private Accommodations with a relative or friend in Prince George

For information on CNC residence, please visit: [http://www.cnc.bc.ca/Campuses/Prince\\_George\\_Campus/Student\\_Residence.htm](http://www.cnc.bc.ca/Campuses/Prince_George_Campus/Student_Residence.htm)

## \$125 APPLICATION FEE — PAYMENT INFORMATION *(use only if paying application fee)*

Tuition Deposit payments should be made by Wire Transfer, through your international bank. For details, please refer to page 3 of your Letter of Offer.

Visa  Mastercard Card Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

## APPLICANT'S DECLARATION & RELEASE OF INFORMATION

**COLLECTION OF INFORMATION:** The information on this form and all required admissions and registrations documentation is collected for the purpose of meeting the data requirements for admission, registration, research, alumni and development, statistical analysis, locker and U-Pass administration, and the student health plan. It is collected under the authority of the College and Institute Act and your privacy is protected under the Freedom of Information and Privacy Act limiting how your information may be used or disclosed. If you have any questions, contact the Freedom of Information Coordinator, College of New Caledonia; 250.561.5828.

**All hard copied materials/information provided by you in support of your application to CNC become the property of the College and will not be returned. These materials/information may be destroyed in six months if you do not attend CNC, six months after successful completion of your program, or after two years of not attending courses at CNC.**

**DECLARATION:** I declare that the information I have provided in this application is complete and correct. Completion of this signed application permits the College to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the cancellation of admission or registration at College of New Caledonia.

I understand the submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability.

If I am admitted to the College of New Caledonia, I agree to familiarize myself with and to abide by the most current policies of the College during my tenure as a student.

In addition, I agree as a condition of registration at the College of New Caledonia to pay all fees and charges as approved by the Board of Governors to the College as required by the deadlines posted by the College, and to pay any interest charges on any sum which becomes due and payable according to the payment procedures at the College of New Caledonia.

**Re: Agents and Emergency Contact:** I give permission for the College of New Caledonia to release my information or contact my agent, or the person I have named on my application form as an Emergency Contact in situations the College decides are urgent, including, for example, health problems, safety concerns and wellness.

Further, I give permission to allow the College of New Caledonia International Education staff to provide information regarding my academic progress, attendance and grades to my agent, financial sponsor, or the person I have named on my application form as an Emergency Contact.

**I hereby accept and agree to the terms and conditions listed above:**

Signature of Student Applicant \_\_\_\_\_ Date: \_\_\_\_\_