UNBC *UNIVERSITY OF NORTHERN BRITISH COLUMBIA*

School District No. 57
(Prince George)

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Office of the Registrar
University of Northern British Columbia
3333 University Way, Prince George, BC V2N 4Z9
Telephone: (250) 960-6300 **Fax:** (250) 960-6330
E-mail: admissions@unbc.ca
Web: www.unbc.ca

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Administrative Offices
School District 57
2100 Ferry Ave, Prince George, BC V2L 4R5
Telephone: (250) 561-6800 **Fax:** (250) 561-6801
E-mail: sd57@sd57.bc.ca
Web: www.sd57.bc.ca

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Application for the UNBC/School District 57 Dual Credit Program

1. PERSONAL INFORMATION (Please print clearly)

Intended First Semester of Study:
☐ September
☐ January
☐ May   **Year:** ☐☐☐☐

Have you ever attended UNBC or applied and not attended?
☐ Yes ☐ No

If "yes" please provide your UNBC Student Identification Number:

UNBC 9 digits ☐☐☐☐☐☐☐☐☐

A. Legal Name(s)
(The following must be your **legal** names for use on all official UNBC documentation.)

☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. ☐ Other (specify):_____
Last/Family Name:
First Name: Middle Name(s):
Former Name(s), if applicable:
Preferred First Name:

B. Mailing Address
Street # and Name, Apt. #, PO Box, RR/SS, Site, Comp:

City or Town: Province:
Postal Code: Country:
Telephone Number: ☐☐☐ – ☐☐☐ – ☐☐☐☐

C. Email Address
Email:

D. Emergency Contact
Last/Family Name: First Name:
Relationship:
Telephone Number: ☐☐☐ – ☐☐☐ – ☐☐☐☐

E. Personal Data
Gender: Woman Man Non-binary Prefer not to disclose

Marital Status (statistical purposes):
☐ Married or equivalent
☐ Single, never married
☐ Single, previously married

Date of Birth:

D	D	M	M	Y	Y

BC Personal Education Number (PEN) (9 digits): ☐☐☐☐☐☐☐☐☐

Indigenous Identity (voluntary declaration)
☐ First Nations Status   ☐ Métis
☐ First Nations Non-Status   ☐ Inuit
If you are First Nations Status, what is your Band?
_____

F. Immigration Status (Mandatory; all applicants must complete.)

☐ Canadian Citizen
   or Country of Citizenship _____

If not born in Canada, specify date of entry:

D	D	M	M	Y	Y

If not a Canadian citizen, you **MUST** check one of the following:
☐ Study Permit   ☐ Permanent Resident/Landed Immigrant
☐ Other (please specify):_____

If not a Canadian citizen, total number of years in an English-language school system:_____

G. First Language (mother tongue)

What is your language of origin?
☐ English   ☐ Indigenous (specify):_____
☐ French   ☐ Other (specify):_____

Application Deadline: One (1) month before start of first semester

2. ADMISSION ROUTES

☐ UNBC/School District 57 Dual Credit Program

3. UNBC ACCESS RESOURCE CENTRE

Do you have a documented disability? ☐ Yes ☐ No

*If "Yes", provide a copy of your current disability documentation and SD 57 Individual Education Plan (IEP)

4. ACADEMIC HISTORY

Secondary Schools Attended (list most recent first)				
From (mm-yy)	**To** (mm-yy)	**Name of School**	**Location (City/Province)**	**Level Completed**
Include a Transcript from your current secondary school with the application package				

5. DECLARATION

I hereby declare that the information I have submitted in this Application for Admission is correct and true. I understand that completion of this signed application permits UNBC and/or SD 57 to request and/or confirm any information necessary to support my Application for Admission; that submission of any false statement or documents will result in the immediate cancellation of admission or registration to the University of Northern British Columbia and that information on falsifications may be shared with the Member Institutions of the Association of Registrars of Universities and Colleges of Canada.

6. INFORMATION RELEASE STATEMENT

The information on this form is collected under the authority of the School Act, Section 13. The information will be used for education program purposes, and when required, may be provided to health services, social services or other support services as outlined in Section 88 and 91 of the School Act.

The University of Northern British Columbia gathers and maintains information used for the purposes of admission, registration, and other fundamental activities related to being a member of the UNBC community and attending a public post-secondary institution in the Province of British Columbia. Information provided to the University by students, and any other information placed into the student record, will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act (1992)

Students are advised that the use of information provided on this application form, and other information placed in a student record, complies with the BC *Freedom of Information and Protection of Privacy Act*, and with the policies and procedures of UNBC and SD 57. In addition to internal administrative uses related to student admission, registration and status, student information may also be used in strict confidence by UNBC and/or SD 57 for research and planning. Certain student information is provided on a confidential basis to Statistics Canada as governed by the *Canada Statistics Act*, and to the BC Government. The internal use of student records and the obligatory reporting of student data to external bodies respect the absolute confidentiality of student information.

As the program is a collaborative program between UNBC and SD 57, I authorize the institutions to share information concerning my application, admission, registration, academic standing and grades. Questions about the collection and use of this information should be directed to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Ave, Prince George, BC V2L 4R5 (250)561-6800 local 324 or the UNBC Information Governance Officer, University of Northern British Columbia, 3333 University Way, Prince George, BC V2N 4Z9 (250) 960-5139..

I have read and understand the statements contained in the "Declaration" and "Information Release Statement" sections above.

_____   _____
Signature of Applicant   Date

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7. AUTHORIZATION TO ACT ON BEHALF OF APPLICANT

You may wish to authorize someone to act on your behalf with respect to application status, registrations, financial information/activities, transcripts or graduation. If you wish to designate someone to act on your behalf, please provide the following information (please print clearly):

_____   _____
Name of Designate   Relationship