NBCC APPLICATION

OFFICE USE

Appl. # 1: _____

Appl. # 2: _____

Entered by: _____

Date : _____

Instructions 2010-2011

1. 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).
2. Attach the appropriate application fee: cheque, money order (payable to the "Minister of Finance") or call us at **1-800-376-5353** to pay by phone or online at **www.nbcc.ca.**
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: **www.nbcc.ca.**

Personal Information (* Indicates mandatory or required field)

☐ **Canadian Student** ☐ **International Student** **I am applying as:** (check one box only) ☐ Mature Student ☐ Aboriginal Student ☐ YAP ☐ NBYCC

* Last name: _____ * First name: _____ Middle name: _____

Birth (maiden) name: _____ Other (former) name: _____

* Date of birth: _____ (YEAR) _____ (MONTH) _____ (DAY) Gender: ☐ Male ☐ Female

Social Insurance number: _____ Medicare (NB): _____

* Home address: _____ (STREET / RURAL ROUTE NO / P.O. BOX) _____ (CITY / TOWN) _____ (PROVINCE)

_____ (POSTAL CODE) _____ (COUNTY (NB ONLY)) _____ (COUNTRY)

Mailing address (if different): _____ (STREET / RURAL ROUTE NO / P.O. BOX) _____ (CITY / TOWN) _____ (PROVINCE)

_____ (POSTAL CODE) _____ (COUNTY (NB ONLY)) _____ (COUNTRY)

* Telephone: Home: _____ Cell: _____ Work: _____

E-mail: Home: _____ Work: _____

☐ Canadian Citizen ☐ Permanent Resident / Landed Immigrant ☐ Student Visa ☐ Employment ☐ Other Visa _____ (COUNTRY OF ORIGIN)

Mother tongue : ☐ French ☐ English ☐ Other (specify)_____ Other languages spoken (specify) _____

Program Choice (Maximum of two) $25 per program – non refundable

*Preferred choice _____ (NAME OF PROGRAM / OPTION) _____ (NAME OF CAMPUS) _____ (TERM/YEAR)

2nd choice _____ (NAME OF PROGRAM / OPTION) _____ (NAME OF CAMPUS) _____ (TERM/YEAR)

Education

OFFICE USE

☐ High School ☐ GED ☐ Adult High School

_____ (NAME OF SCHOOL) _____ (LAST LEVEL COMPLETED) _____ (DATE COMPLETED)

College / University / Other post-Secondary Education ☐ Certificate ☐ Diploma ☐ Bachelor

Name of the institution : _____

Disclosure Statement

I authorize the College Admissions Service to disclose my information to:

_____ (PRINT CLEARLY THE NAME OF PERSON / GUARDIAN / OTHER)

Payment information

OFFICE USE

Name of student : _____ (PLEASE PRINT CLEARLY)

☐ Canadian $25 (1 choice) ☐ Canadian $50 (2 choices) ☐ International $100 (1 or 2 choices)

☐ Mastercard ☐ Cheque
☐ Visa ☐ Money order } payable to the "Minister of Finance"

_____ (CREDIT CARD NUMBER) _____ (EXPIRY DATE • MONTH/YEAR)

Name of Card Holder : _____ (PLEASE PRINT CLEARLY) Telephone : _____

Signature of Card Holder _____

Revised 2009-05-19