

APPLICATION FOR ADMISSION

MERRITT CAMPUS:

4155 Belshaw Street Merritt, BC V1K 1R1 Phone: 1-250-378-3300

Fax: 1-250-378-3332 Toll Free: 1-877-682-3300

VANCOUVER CAMPUS:

200-4355 Mathissi Place Burnaby, BC V5G 4S8 Phone: 1-604-602-9555 Fax: 1-604-602-3400

WWW.NVIT.CA

INSTRUCTIONS

1. Fill out this form completely and be sure to sign it. Mark sections that are not applicable with N/A. If you have questions regarding how to complete this form please contact the Registrar's Office or email **info@nvit.bc.ca**.

Review Dates* are set for the Fall (September) term as the end of July of each year.

Review Dates* are set for the Spring (January) term at the end of November of each year.

Seats will be offered to qualified applicants in the order applications are completed (all required documents and assessments are received).

- *Applications will be accepted after these dates if there are still seats available, but applications submitted before the deadline will be given priority and we cannot quarantee late applications will be evaluated in time for the start of term.
- 2. Arrange to have official transcripts sent directly to NVIT from your high school and any post-secondary institutions you have attended. Unofficial copies of transcripts may be provided for faster evaluation of an application, but official transcripts are required to finalize offers of admission. High school transcripts may be ordered directly from your high school or the Ministry of Education (contact the Ministry at 250-356-2432).
- 3. Mail, fax or drop off your application to the Registrar's Office.
- 4. If you will not be available while this application is being evaluated, or to register, and wish to have someone else act on your behalf, please submit a signed Release Form to the Registrar's Office. The Release Form is available on our website at nvit.ca
- 5. If your address or contact information changes, inform the Registrar's Office in writing so we can continue to contact you about your application.

PERSONAL INFOR	MATION	
Have you attended NVIT befor	re: 🗌 No 🔲 Yes If yes, previous Student Number: _	
Name:	(FIRST)	
Current Mailing Address:	(FIRST)	(MIDDLE)
City:	Province:	Postal Code:
Telephone: (Home)	(Work)	(Cell)
Gender: □M □F	Birthdate (YY/MM/DD):	
Citizenship: 🗆 Canadian	\square Permanent Resident \square Student Visa \square Other	
Previous/Maiden Name:		
Email Address:	d an NVIT email address. Format will be: firstnamelastname@nvit.bc.ca	
PEN (Personal Education Num	ber):Assigned to all BC High School students	
OFFICE USE ONLY		
Program:	Entered By:	

VOLUNTARY DISCLOSURE			
Are you of Aboriginal Ancestry?			
If yes, your Band or Nation:			
Province:			
Check applicable box: ☐ Status ☐ Non Status ☐ Metis ☐ Inuit			
Do you have a disability? \square No \square Yes If yes, do you wish to be contacted by an Academic Advisor? \square No	Yes		
EMERGENCY CONTACT INFORMATION			
Emergency contact name: Emergency contact phone:			
Relationship to You:			
APPLICATION INFORMATION			
Before completing this section, refer to the current NVIT program calendar or NVIT website at www.nvit.ca for informatic programs available at NVIT. If you are unclear about which program to apply for, contact the Registrar's office at 250-378-	n on 3300.		
Start Term: (Circle One) Fall (Sep-Dec) Spring (Jan-Apr) Summer (May-Aug) Year:			
Name of program:			
Are you planning to attend: Full-Time Part-Time			
Please indicate where you would like to start your classes: \qed Merritt \qed Vancouver			
Do you require a student housing application? (Available at Merritt campus only) ☐ Yes ☐ No Do you require a Daycare Application? (Available at Merritt campus only) ☐ Yes ☐ No			
HIGH SCHOOL INFORMATION			
Note: Official high school transcripts must be forwarded from the high school or Ministry for admission to be granted.			
Name of High School:			
City/Town: Province: Last year attended:			
Did you graduate: No Yes If yes, Graduation Year:			
POST-SECONDARY EDUCATION			
Note: Official post-secondary transcripts must be forwarded from the institution for transfer credit/admissions to be awa	rded.		
UNIVERSITY OR COLLEGE FROM (YEAR/MONTH) TO (YEAR/MONTH) PROGRAM			
DECLARATION			
Applicant Declaration: I declare that the information I have submitted in this application is complete and correct. Omission of information or falsification of any document submitted may result in the immediate cancellation of admission or regist Completion of this application permits the Institute to request and/ or confirm any information necessary to support my application for admission.	tration.		
Information Release: I understand that the information provided in this application, as well as other information contain a student record, is collected under the authority of the College and Institute Act. All information contained in student record will be protected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act (1996). It may used for internal administration of admission, registration, grade notification, income tax receipts, awards, institutional replanning, and other fundamental activities related to being a member of the Nicola Valley Institute of Technology communand attending a public post-secondary institution in B.C.	cords y be esearch,		
Limitations of the Application: I understand that this application is a request for admission, and does not guarantee admission to any program or course. Admission is subject to provision of all requested documents and assessments, completion of admission requirements, and space availability. If admitted, I agree to abide by the established rules and regulations of Nicola Valley Institute of Technology, including those of the program in which I shall be registered.			
Signature: Date:			