

APPLICATION FOR ADMISSION



Check coastmountaincollege.ca for current application and document requirements for the program of your choice.

YOUR APPLICATION WILL BE DELAYED UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED.

Have you previously registered in a course or program at CMTN? Yes No

Student #

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Last name:		First name:		Middle name:	
Birth name or other surname(s) if different from above:			Email address:		
Permanent address (mail will be sent to this address):			Local address (while attending CMTN):		
City:	Province:	Postal code:	City:	Province:	Postal code:
Home telephone #:	Business telephone #:		Cell #:	Other telephone #:	
Social Insurance Number:		Date of birth:		<input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to disclose	
BC Personal Education # if known:		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other Please indicate:		<i>Immigration papers must be attached if applicant is not a Canadian Citizen</i>	
ITA Trade Worker ID # (TWID) if applicable:		Country of primary citizenship:			
Program for which you are applying:		Additional statistical information (optional): Do you identify yourself as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select one or more: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
Preferred campus location:		Voluntary disclosure disability/medical condition? <input type="checkbox"/> Yes <i>CMTN will provide you with information about receiving supports/services</i>			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Date you would like to start:		EMERGENCY CONTACT NAME: (.....) Telephone (include area or country code) Relationship	

Where do you currently get your information about Coast Mountain College? (Check top 3 sources.)

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|--|--|---|
| <input type="checkbox"/> At your high school | <input type="checkbox"/> From your parent/guardian | <input type="checkbox"/> CMTN online calendar |
| <input type="checkbox"/> Local media: newspaper, radio | <input type="checkbox"/> Social media | <input type="checkbox"/> Employment counsellor |
| <input type="checkbox"/> From a friend | <input type="checkbox"/> CMTN website | <input type="checkbox"/> CMTN guide book |
| | <input type="checkbox"/> CMTN poster, flyer, brochure, other | <input type="checkbox"/> CMTN student services team |

EDUCATIONAL INFORMATION

Secondary Submit a sealed Official Transcript from your high school. Students who are currently attending high school must submit an Interim Transcript.

Last secondary school	School district	Province (or country)	Date last attended	Last grade completed

Previous Post-secondary Submit sealed Official Transcript(s) from post-secondary institution(s).

Institution(s)	Location	Program	Last date(s) attended

GENERAL INFORMATION

Contact your local college campus for information about services for housing, childcare or students with disabilities.

The College may announce the names of students and use their photographs in promotion and communication materials. Students with privacy concerns are urged to advise campus staff at the earliest possible time.

DECLARATION

1. The information in this application is, to the best of my knowledge, complete and correct.
2. I agree to follow the rules and regulations of the College as listed on the Coast Mountain College website or as amended by the College Board.
3. I understand that personal information from this application will be used to verify my Personal Education Number (PEN) or one will be assigned to me for the purpose of research and evaluation. Any information released will be in a non-identifiable form.
4. I understand that both the information provided and any other information placed on my student record will be protected and used in compliance with *Bill 50 Freedom of Information and Protection of Privacy Act (1992)* and the operations of the College.

Information collected and maintained as part of my student record is collected under the authority of the *Colleges and Institutions Act*.

SIGNED: _____

DATE: _____

Send to:

**Admissions Office
Coast Mountain College
5331 McConnell Avenue
Terrace, BC V8G 4X2**

Toll Free: 1.877.277.2288
coastmountaincollege.ca

Hazelton	4815 Swannell Drive, P.O. Box 338, Hazelton, BC V0J 1Y0	Tel: 250.842.5291	Fax: 250.842.5813
Prince Rupert	353 Fifth Street, Prince Rupert, BC V8J 3L6	Tel: 250.624.6054	Fax: 250.624.3923
Masset	1730 Hodges Avenue, P.O. Box 559, Masset, BC V0T 1M0	Tel: 250.626.3670	Fax: 250.626.3680
Smithers	3966 2nd Avenue, P.O. Box 3606, Smithers, BC V0J 2N0	Tel: 250.847.4461	Fax: 250.847.4568
Terrace	5331 McConnell Avenue, Terrace, BC V8G 4X2	Tel: 250.635.6511	Fax: 250.638.5432

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For Office Use Only

Operator	Date
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