

APPLICATION FOR ADMISSION

Enrolment Services

Box 8500, 2700 College Way, Cranbrook, BC V1C 5L7
Tel. (250) 489-8239 or 1-877-489-2687 local 3239 Fax (250) 489-1790

New Students and Students Changing Programs
**Must attach a NON REFUNDABLE
APPLICATION PROCESSING FEE OF \$30.00**

| PERSONAL DATA | | | |
|--|--|--------------------------------|----------------------------------|
| COTR Student ID. | HAVE YOU PREVIOUSLY ATTENDED COTR <input type="checkbox"/> YES <input type="checkbox"/> NO | | Social Insurance Number |
| Legal Last Name | Legal First Name | Legal Middle Name | Former Last Name (if applicable) |
| Telephone Number(s) HOME () _____ WORK () _____ CELL () _____ | All official COTR correspondence will be mailed to the permanent home address unless specified otherwise. | | |
| Permanent Home Address | | | |
| <small>Street # and Name, Apt. #, PO Box, RR/SS, Site, Comp</small> | | | |
| <small>City/Town</small> | <small>Province</small> | <small>Postal Code</small> | |
| DATE OF BIRTH YY MM DD | GENDER <input type="checkbox"/> M <input type="checkbox"/> F | Email Address | |
| Local Address | | | |
| <small>Street # and Name, Apt. #, PO Box, RR/SS, Site, Comp:</small> | | | |
| Who should COTR contact in case of emergency? Name: _____ Phone Number () _____ Name: _____ Phone Number () _____ | | | |
| VOLUNTARY DECLARATION Are you of Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Status <input type="checkbox"/> Non-status | | | |
| CITIZENSHIP <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Live in Caregiver <input type="checkbox"/> Identification # _____ _____ Country of Citizenship <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Identification # _____ <input type="checkbox"/> International Student | | | |
| For Students With Disabilities To support you more effectively during your studies at College of the Rockies, please notify the Disabilities Coordinator in Student Services who will then contact you regarding your particular needs. All information received is confidential. Please contact: (250) 489-8283 | | | |
| PROGRAM APPLICATION | | | |
| Before completing this section, refer to the current College of the Rockies Program Calendar (http://www.cotr.bc.ca/program-calendar) for information on programs available at the College. If you are unclear about which program to apply for, please contact the Student Services Office. You may wish to discuss your educational goals with an Education Advisor prior to applying. | | | |
| PROGRAM APPLIED FOR AT COTR: _____ <small>(Please enter the specific program name as shown in the College of the Rockies Calendar)</small> | | | |
| Admission Status: <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student (Same Program) <input type="checkbox"/> Returning Student (Different Program) | | | |
| CAMPUS: <input type="checkbox"/> CRANBROOK <input type="checkbox"/> INVERMERE <input type="checkbox"/> GOLDEN <input type="checkbox"/> CRESTON <input type="checkbox"/> KIMBERLEY <input type="checkbox"/> FERNIE | | | |
| DATE YOU WISH TO START: _____ | | | |
| Intended Load: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Online <input type="checkbox"/> Part Time Online Education Goal: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> BBA <input type="checkbox"/> Other <input type="checkbox"/> University Transfer _____ Name of Institution | | | |

EDUCATIONAL BACKGROUND

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|--|-----------------------------|---|--|--|--|--|--|--|--|--|--|--|
| LAST HIGH SCHOOL ATTENDED | LOCATION: (City & Province) | From: (year) _____ To: (year) _____ DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| PERSONAL EDUCATION NUMBER (PEN) (Current BC/Yukon Secondary Students) <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | <ul style="list-style-type: none">If you are currently attending Grade 12 in BC/Yukon, you must provide your Personal Education Number (PEN) on this form and complete the required secondary school forms (contact your high school) in order to have your grades electronically transferred from the Ministry of Education to the College.If you are currently attending Grade 12 in another province, you must submit an official transcript with final grades.If you are not currently attending secondary school, you must submit an official transcript to meet admission and course prerequisite requirements. | |
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DECLARATION

If you wish to authorize someone to act on your behalf with respect to application status, registration, financial information/activities, transcripts or graduation, please complete the Student Information Release Authorization form (available from the Registrar's Office or online).

Freedom of Information/Protection of Privacy

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of College operations in accordance with this legislation

Please read the following before signing:

I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

I understand and agree that acceptance of this application in no way guarantees admission to the program or course. The application is subject to the availability of seats.

I understand and agree that the College reserves the right to modify or cancel any program or course without notice or prejudice.

SIGNATURE OF APPLICANT

Date

Note: You can also apply online at <https://apply.educationplannerbc.ca/cotr>