

Application for Program Admission

This program application is for students who are new or returning to apply for a different program.

A non-refundable processing fee of \$30 for domestic applicants--\$100 for international applicants--must be paid at time of application.

NOTE: If you are a *currently registered student* requesting a program change wherein your current program and proposed new program are within the same department ie Business or Arts & Science, please submit a *Program Change Request Form* instead of this application. To access this form, visit: cotr.bc.ca/student-services/registrar/student-forms

Have you previously attended College of the Rockies? Yes No If YES, Student Number (if known)

PERSONAL INFORMATION

First Name
Legal

Last Name
Legal

Former Last Name
Legal

Middle Name
Legal

Chosen Name
Optional

Date of Birth YYYY MM DD

Social Insurance Number*

*Required for all students eligible to receive a Tuition and Enrolment Certificate (T2202) under the authority of the Income Tax Act. Submitting your SIN does not automatically qualify you for a T2202 certificate. See cotr.bc.ca/student-services/registrar/t2202-tuition-and-enrolment-certificate for more information.

Address **City/Town** **Province**

Postal Code **Email** **Phone**

EMERGENCY CONTACT

Name **Phone**

GENDER IDENTITY

<p>Woman <input type="checkbox"/></p> <p>People whose current gender is woman. This includes cisgender and transgender people who are women.</p>	<p>Man <input type="checkbox"/></p> <p>People whose current gender is man. This includes cisgender and transgender people who are men.</p>	<p>Non-Binary Gender <input type="checkbox"/></p> <p>People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.</p>	<p>Prefer Not to Answer <input type="checkbox"/></p> <p>People whose gender is not known at the time of data collection. It may or may not get updated at a later point in time.</p>
<p>WOULD YOU SAY YOU ARE</p> <p>Cisgender <input type="checkbox"/></p> <p>People whose sex assigned at birth is the same as their gender.</p>	<p>Transgender <input type="checkbox"/></p> <p>People whose sex assigned at birth is different from their gender.</p>	<p>Prefer Not to Answer <input type="checkbox"/></p>	

VOLUNTARY DECLARATION

Do you identify yourself as an Aboriginal person of Canada?
 Yes No

If yes, check all that apply:

First Nations Metis Inuit Status Non-Status

CITIZENSHIP STATUS

Canadian: Yes No

If NO, what is your country of citizenship: _____

<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Minister's Permit
<input type="checkbox"/> Diplomat	<input type="checkbox"/> Live-in Caregiver
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Refugee (status granted)

PRIMARY LANGUAGE

English French Mandarin Spanish Hindi

Other: _____

PROGRAM _____For assistance visit: [Programs - College of the Rockies \(cotr.bc.ca\)](https://www.cotr.bc.ca/programs)**Admission Status** New Student Returning Student: *Different Program***Campus** Cranbrook Creston Fernie Golden Invermere Kimberley**Select Start Term** Fall Winter Spring**Intended Load** Full Time Part Time**Education Goal** Certificate Diploma Associate of Arts Degree Associate of Science Degree Degree University Transfer Bachelor of Business Administration Personal Enrichment Post-Degree Certificate Post-Degree Diploma Undecided**ACADEMIC HISTORY****Last High School Attended** _____ **City** _____ **Province** _____**From (year)** _____ **To (year)** _____ **Did you graduate?** Yes No**Provincial Education Number (PEN)** _____

BC/Yukon Secondary Students Only

The Personal Education Number (PEN) is a nine-digit number assigned to BC and Yukon students enrolled or registered in Early Learning, K-12, or Post-Secondary Education. To attain your PEN Number, visit <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates/studenttranscripts-services-help/personal-education-number>**Post Secondary Institution Attended** _____ **City** _____ **Province** _____**From (year)** _____ **To (year)** _____**Did you graduate?** Yes No**FOR STUDENTS WITH DISABILITIES**

To support you more effectively during your studies at College of the Rockies, please notify the Accessibilities Coordinator in Student Services who will then contact you regarding your particular needs. All information received is confidential.

Please contact: (250) 489-8243 or 1-877-489-2687 x3243

STUDENT INFORMATION RELEASE AUTHORIZATIONIf you wish to authorize someone to act on your behalf with respect to application status, registration, financial information/activities, transcripts, or graduation, please submit the *Student Information Release Authorization form* to Enrolment Services.The form can be downloaded from: <https://cotr.bc.ca/wp-content/uploads/Student-Information-Release-Authorization-FILLABLE-READER-2019.pdf>**CONSENT FOR INFORMATION DISCLOSURE AND DECLARATION OF APPLICANT**

I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. Completion and submission of this application permits College of the Rockies to request and/or confirm any information necessary to support my application for admission. The submission of any false statements or documents can result in the cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability. No decision on my eligibility for admission will be made until the application fee and all the required documents have been submitted. I agree to abide by the established rules and regulations of the College including those of the department and program in which I shall be registered, and any changes which may be made while I am a student at College of the Rockies.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

In submitting this application, I understand that the personal information on this form is collected under the authority of the College and Institute Act. I understand the information collected on this application is consistent to the Freedom of Information and Protection of Privacy Act and will be used confidentially for purposes of admission, registration, student support services, research, alumni relations, administration of the Student Association fees and other purposes consistent with the mandate of the College. In providing the College with an email address, I acknowledge that the College may send confidential information about me to this address. Any questions I have concerning the collection and use of this information should be directed to the Registrar's Office.

 I give my consent to disclose my information per the above declaration. I hereby certify that the information provided in this application is true, accurate and complete.**Signature of Applicant** _____ **Date** _____**NEXT STEPS**Please submit this form to Enrolment Services **IN-PERSON, BY MAIL, FAX** or by **EMAIL**: reghelp@cotr.bc.ca