

Application for Program Admission – Child, Youth and Family Studies Dual Credit

This Child, Youth and Family Studies program application is for secondary students wanting to register for College of the Rockies courses resulting in dual credit - secondary and post-secondary credits.

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

Woman **Man** **Non-Binary Gender** **Prefer Not to Answer/Unknown**

People whose current gender is woman. This includes cisgender and transgender people who are women. People whose current gender is man. This includes cisgender and transgender people who are men. 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.

WOULD YOU SAY YOU ARE

Cisgender **Transgender** **Prefer Not to Answer/Unknown**

People whose sex assigned at birth is the same as their gender. People whose sex assigned at birth is different from their gender.

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: _____

Permanent Resident Minister's Permit
 Diplomat Live-in Caregiver
 Other: _____ Refugee (status granted)

PRIMARY LANGUAGE

English French Mandarin Spanish Hindi

Other: _____

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>

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 AUTHORIZATION

If 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 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 _____