

Application for Program Admission – Dual Credit

This program application is for secondary students wanting to register for College of the Rockies courses resulting in dual credit – secondary and post-secondary credits. This application form is limited to the following programs: University Arts and Science, Business Management, Criminal and Social Justice, Tourism Management, Recreation Management and Kinesiology.

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

☐

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

Man

☐

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

Non-Binary Gender

☐

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.

Prefer Not to Answer/Unknown

WOULD YOU SAY YOU ARE

Cisgender

☐

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

Transgender

☐

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

Prefer Not to Answer/Unknown

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: _____

PROGRAM (select one)

- | | |
|--|--|
| <input type="checkbox"/> University Arts and Science | <input type="checkbox"/> Recreation Management Certificate |
| <input type="checkbox"/> Business Management Certificate | <input type="checkbox"/> Tourism Management Certificate |
| <input type="checkbox"/> Criminal and Social Justice Certificate | <input type="checkbox"/> Kinesiology Certificate |

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** _____**NEXT STEPS**

Please submit this form to Enrolment Services **IN-PERSON, BY MAIL, FAX** or by **EMAIL**: reghelp@cotr.bc.ca