



APPLICATION FORM

Okanagan College
ID Number (if known) _____ / _____ / _____

FOR OFFICE USE ONLY	<input type="checkbox"/> Non-refundable \$30 fee paid
	<input type="checkbox"/> Not applicable
	DATE/TIME:
	INITIALS:

Personal Information - Please Print Clearly

Legal Last or Family Name	First Name	Middle Name(s)												
Previous (Maiden) Name (if applicable)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female													
E-mail Address (Okanagan College uses email and mail to communicate with all applicants. Please ensure you have entered your email address correctly. It is your responsibility to provide the College with your current email so we can communicate important information to you)														
Permanent Address (correspondence regarding your application will be mailed to this address)		City/Town												
Province/State and Country	Postal Code/Zip Code													
Telephone - Primary ()	Telephone - Alternate ()													
Date of Birth														
Country of Citizenship	Note: Non-Canadians must submit proof of immigration status with application (original documents must be submitted to Okanagan College for photocopying). Permanent Resident/Landed Immigrant Effective Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td style="text-align: center;">day</td> <td style="text-align: center;">month</td> <td colspan="2"></td> <td style="text-align: center;">year</td> <td style="text-align: center;">year</td> </tr> </table>								day	month			year	year
day	month			year	year									
Emergency Contact Name														
Emergency Contact Telephone - Primary ()	Emergency Contact Telephone - Alternate													

Program Information

For most Arts, Science & Business programs, you only need to apply to one campus as you may register for courses at any campus (including Distance).

Program Name (ONE ONLY PLEASE) <hr/> Campus <input type="checkbox"/> Salmon Arm <input type="checkbox"/> Vernon <input type="checkbox"/> Distance <input type="checkbox"/> Kelowna <input type="checkbox"/> Penticton	Term <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Summer Session I (May) <input type="checkbox"/> Summer Session II (July) <input type="checkbox"/> Other: _____ (e.g. Nov, Mar)
Program Name (ONE ONLY PLEASE) <hr/> Campus <input type="checkbox"/> Salmon Arm <input type="checkbox"/> Vernon <input type="checkbox"/> Distance <input type="checkbox"/> Kelowna <input type="checkbox"/> Penticton	Term <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Summer Session I (May) <input type="checkbox"/> Summer Session II (July) <input type="checkbox"/> Other: _____ (e.g. Nov, Mar)
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High School Education

If you attended a B.C. high school since 1993, Personal Education Number (PEN) _____ / _____ / _____ (if known)

Most Recent High School Attended	City/Province	From Year/Month	To Year/Month	Currently Attending	Grade/Year Completed

Arrange to have sealed official transcripts (unopened) issued within the last six months sent to Okanagan College as soon as possible.



Post-Secondary Education

Province (Country if outside of Canada)	University, College or Technical School	From Year/Month	To Year/Month	Currently Attending	Degree/ Diploma Awarded

List additional post-secondary institutions on a separate sheet.

Arrange to have sealed official transcripts (issued within the last six months) sent to Okanagan College as soon as possible. Applications will not be processed until all official documents and fees have been received. A \$30 evaluation fee must be submitted with out-of-province post-secondary transcripts.

Disclosure

Do you identify yourself as a person with a disability who may require accommodations while participating in a program at the College? Support for students with disabilities is available through our Student Services Division - Disability Service Department. Please visit our website www.okanagan.bc.ca/disabilityservices or contact a disability service coordinator at your campus.

Yes No

If yes, I hereby consent to allow disclosure, to instructional and support departments within Okanagan College, of my disability, health, learning need or other relevant condition to enable assessment of my learning needs for the purpose of implementing special support or accommodation that may be required for my participation in the program.

Yes, please sign: _____ No

Voluntary Disclosure

Do you identify yourself as an Aboriginal person, that is, First Nations, Métis, or Inuit?

Yes No

If you answered "Yes", please indicate if you are:

First Nations Métis Inuit

Do you identify yourself as a first generation student, that is, neither of your parents attended a post-secondary institution (college or university) in Canada?

Yes No

Education Advising

Visit www.okanagan.bc.ca/AskAnAdvisor to ask a question or make an appointment with an advisor.

1) Is your educational goal to complete an entire program of study (any length) at Okanagan College? (Degree, Diploma etc.)

Yes No

2) If you answered "No" to question 1, what is your educational goal at Okanagan College?

- Study for two years at Okanagan College
- Take a few courses at Okanagan College
- Study for one year at Okanagan College
- I haven't decided yet
- Other _____

3) After achieving your educational goal, what do you intend to do next?

- Enter or re-join the workforce
- Transfer to another college, university or institute
- Nothing in particular - I'm here for general interest
- I haven't decided yet
- Other _____

Personal Information: Okanagan College is a public body governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA), which permits us to collect, use and share your personal information only for authorized purposes. We collect, use and share personal information that relates directly to and is necessary for Okanagan College's programs and activities. The information on this form is collected under the authority of the FIPPA and the *College and Institute Act*. The information will be used for the purposes of admission and registration. If admitted, your personal information is used and shared within our institution for a variety of purposes consistent with our mandate. Your information may be shared with the students' association, the alumni association and the Okanagan College Foundation for purposes such as provision of student services; alumni development; recognition of academic excellence, convocation program and donor awards. Information may also be used for research purposes but in those cases, individual identities will not be disclosed. Additional information may be found in our "Protection of Privacy Policy" on the Okanagan College website. Questions about the collection, use and sharing of your personal information may be directed to the Registrar.

Under the FIPPA, staff may not release personal information such as your student record or registration to anyone other than you without your consent. We must, therefore, deal directly with you on all inquiries, transactions or appeals. If, for any reason, you need a parent or other person to act on your behalf, and wish to give them full authority to do so, you must provide Okanagan College with your written consent authorizing the release of your personal information to that person by completing a "Consent to Release Information" form which can be found on the Okanagan College website: www.okanagan.bc.ca/forms.

Communication: Communications from the College will be by email in most cases. Other important information and policies can be found on the College website. Please notify the College of any change to your email address. Please refer to the "Electronic Communication for Students and Applicants Policy" in the Calendar for details: www.okanagan.bc.ca/calendar.

Declaration and Consent: I certify that the information contained herein and that all statements made in connection with this application are true, correct and complete. I understand that any misrepresentation, incomplete disclosure or falsified information on this application may result in the cancellation of my admission or registration status. I agree that Okanagan College may verify the information provided by contacting any secondary or post-secondary institutions. I authorize Okanagan College to access Okanagan University College (OUC) records in the event I previously attended OUC. I understand and agree that my admission will not be final until my file is complete and I have satisfied all document and other requirements by Okanagan College. I authorize the posting of my grades where such posting identifies me only by my personal OC student ID number.

I understand and agree to abide by the rules, regulations and policies of Okanagan College as outlined in the Calendar and on the Okanagan College website, as amended, while I am a student at Okanagan College. In the event there is a conflict between verbal advice and Okanagan College's official Calendar, regulations and policies, I will rely on the official version only.

I agree to pay all tuition, fees and charges to Okanagan College within the payment deadlines posted by the College.

Applicant's Signature: _____ Date of Application: _____