



Box 5002, 100 College Drive, North Bay, ON P1B 8L7
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OSHKI-WENJACK INDIGENOUS EDUCATION PROGRAM APPLICATION

NEW ADMISSION: RE-ADMISSION:

****IMPORTANT** APPLICATION DEADLINE: MAY 15, 2020. We reserve the right to cancel courses with insufficient enrolment after this date.**

| | | | |
|--|---------|---------------|-------------|
| GENDER (OPTIONAL) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER GENDER IDENTITY | SURNAME | GIVEN NAME(S) | FORMER NAME |
|--|---------|---------------|-------------|

MAILING ADDRESS

| | | |
|------|----------|-------------|
| CITY | PROVINCE | POSTAL CODE |
|------|----------|-------------|

| | | |
|-----------|-----------------|-----|
| TELEPHONE | BUSINESS NUMBER | FAX |
|-----------|-----------------|-----|

| | | |
|--------|------------------------------------|----------------------------------|
| E-MAIL | SOCIAL INSURANCE NUMBER (Optional) | BIRTH DATE MONTH DAY YEAR |
|--------|------------------------------------|----------------------------------|

| | | | | | |
|--|--|--|------------------------|-------------------------------------|---|
| MARITAL STATUS <input type="checkbox"/> SINGLE, DIVORCED, WIDOWED <input type="checkbox"/> MARRIED, SEPARATED If Documents are in a different name please provide proof of name change. | ARE YOU AN INDIGENOUS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify: <input type="checkbox"/> FIRST NATION <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> OTHER | STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA (Specify) | COUNTRY OF CITIZENSHIP | IF NOT BORN IN CANADA, ARRIVAL DATE | FIRST LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER |
|--|--|--|------------------------|-------------------------------------|---|

PROGRAM: Please indicate intended program and part of study.

INDIGENOUS CLASSROOM ASSISTANT DIPLOMA PROGRAM PART 1 PART 2

| LAST SECONDARY SCHOOL ATTENDED | | | | | DOCUMENTS |
|--------------------------------|----|----------------|-----------------|---------|--|
| FROM | TO | NAME OF SCHOOL | GRADE COMPLETED | DIPLOMA | <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW |

| ALL POST-SECONDARY INSTITUTION(S) ATTENDED | | | | | DOCUMENTS |
|--|----|-------------|---------|----------------|--|
| FROM | TO | INSTITUTION | PROGRAM | DIPLOMA/DEGREE | <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW |

| | | | | | |
|------|----|--|--|--|--|
| FROM | TO | | | | <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW |
|------|----|--|--|--|--|

| EMPLOYMENT OR ACTIVITIES WHEN NOT A FULL-TIME STUDENT | | | | |
|---|----|--------------------------------|-----------------------|--|
| FROM | TO | EMPLOYER OR NATURE OF ACTIVITY | JOB TITLE/DESCRIPTION | |

IF YOU HAVE PREVIOUSLY ENROLLED AT NIPISSING UNIVERSITY, PLEASE COMPLETE THIS SECTION

| | | |
|----------------------------------|---------------|---------------|
| NIPISSING STUDENT ID OR NUMBER : | LAST PROGRAM: | LAST SESSION: |
|----------------------------------|---------------|---------------|

| | |
|--|---|
| HAVE YOU TAKEN ANY COURSES AT A POST-SECONDARY INSTITUTION SINCE YOUR LAST REGISTRATION AT NIPISSING UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT INSTITUTION(S) | DOCUMENTS <input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW |
|--|---|

I HEREBY CERTIFY THAT ALL STATEMENTS ARE CORRECT AND COMPLETE INCLUDING MY DECLARATION OF CITIZENSHIP AND STATUS IN CANADA. I UNDERSTAND THAT I MAY HAVE TO PROVIDE DOCUMENTATION AT SOME FUTURE DATE TO SUBSTANTIATE MY CLAIM AND THAT ANY MISREPRESENTATION OF THIS DATA MAY RESULT IN THE CANCELLATION OF MY ADMISSION OR REGISTRATION STATUS.

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: (Please see over for instructions)

| | | |
|------------|------------|---------------|
| STUDENT ID | START TERM | ACAD. PROGRAM |
|------------|------------|---------------|

APPLICATION FOR SUMMER INDIGENOUS EDUCATION PROGRAMS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY.

To be considered for admission, you must submit:

1. **APPLICATION FORM – DUE BY MAY 15th, 2020**

Please type or print clearly in pen. Complete ALL sections of the application form. Illegible or incomplete forms may not be processed. Please contact us if you require assistance or have questions regarding this application.

2. **DOCUMENTATION (if not previously submitted)**

(a) Official transcripts indicating the subjects studied, grades achieved and diploma(s)/degree(s) granted must be sent directly to Nipissing University and must bear the official seal of that institution. Nipissing University transcripts need not be submitted, however, if you attended Nipissing University prior to 1992 and graduated with a Laurentian University degree, you must submit that transcript.

(b) A proof of name change, ie: marriage certificate, divorce decree, etc., if academic documents show a name other than that under which application is made.

Upon receipt of the above, a decision will be made and you will be notified in writing.

Direct all inquiries and documents to:

Nipissing University
The Office of the Registrar
Box 5002, 100 College Drive
North Bay ON P1B 8L7
(705) 474-3450, ext. 4522

E-mail: iep@nipissingu.ca
Website: www.nipissingu.ca

Note: Neither this application nor supplementary acknowledgement material constitutes an offer of admission. Successful candidates will receive an offer letter clearly outlining the program of admission and other pertinent details. Applicants are also advised that supporting material cannot be returned.

Protection of Privacy

Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992.

Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs".

Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services. Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan.



**INDIGENOUS PROGRAMS
FUNDING SPONSORSHIP INFORMATION**

*** To be completed by Sponsor, if applicable ***

| STUDENT INFORMATION | | |
|--|--------------------------|--------------------------|
| Student Name | Student ID | Program |
| FUNDING SPONSORSHIP INFORMATION | | |
| Name of Sponsor | | |
| Name of Contact | | |
| Position | | |
| Phone | Fax | |
| Sponsorship: Pending <input type="checkbox"/> Approved <input type="checkbox"/> | | |
| <i>* Students who are not sponsored are responsible for the payment of all fees prior to the start of the Program.</i> | | |
| Please indicate who will be responsible for the payment of the fees listed below: | | |
| Fees | Sponsor Approved | Student Responsible |
| Tuition Fees | <input type="checkbox"/> | <input type="checkbox"/> |
| Residence Fees (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Residence Damage Deposit (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT: If student is sponsored, an official Sponsorship Letter <u>MUST</u> be submitted. | | |
| Sponsorship Letter: Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/> | | |
| Sponsor's Signature (required) | Student's Signature | |
| Date | Date | |

PLEASE FORWARD THE COMPLETED FORM BY ONE OF THE FOLLOWING METHODS:

MAIL:

Nipissing University
Student Financial Services
Box 5002, 100 College Drive
North Bay ON P1B 8L7

FAX:

Nipissing University
Student Financial Services
Fax: (705) 474-5295

E-MAIL: iep@nipissingu.ca