

# Application

## Instructions

1. Forward an official high school transcript (mandatory), college, university transcript(s) (optional) if available. We accept Grade 11 transcripts until your Grade 12 transcript is available. Your application will only be evaluated once we receive all documents (application, transcript, application fee).
2. Attach the appropriate application fee: cheque, money order (payable to the « CCNB ») or call us at 1-800-376-5353 to pay by phone, or online at www.ccnb.ca.
3. Send your application form and appropriate documents by email to [admission@ccnb.ca](mailto:admission@ccnb.ca) or by mail to the College Admission Service, 6 Arran St., Campbellton, (N.B.) E3N 1K4 or visit our website at www.ccnb.ca.

## OFFICE USE

Appl. #1 : \_\_\_\_\_  
 Appl. #2 : \_\_\_\_\_  
 Entered By : \_\_\_\_\_  
 Date : \_\_\_\_\_

## Personal information (\*indicates a mandatory or required field)

I am applying as: (check those that apply)  Canadian Student  Mature Student (missing admission requirements)  
 International Student  Aboriginal Student/Métis/Inuit (Proof required) \*\*

\*Last Name : \_\_\_\_\_ \* First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_

Birth (maiden) Name : \_\_\_\_\_ Other (former) Name : \_\_\_\_\_ Gender :  Male  Female

\*Date of Birth : \_\_\_\_\_ Social Insurance Number : \_\_\_\_\_ NBEN : \_\_\_\_\_  
YEAR MONTH DAY NEW BRUNSWICK EDUCATION NUMBER

\*Home Address : \_\_\_\_\_  
STREET/ROUTE/P.O. BOX #APT/SUITE CITY PROVINCE

POSTAL CODE \_\_\_\_\_ COUNTY (N.B. ONLY) \_\_\_\_\_ COUNTRY \_\_\_\_\_

Mailing address (if different) : \_\_\_\_\_  
STREET/ROUTE/P.O. BOX #APT/SUITE CITY PROVINCE

POSTAL CODE \_\_\_\_\_ COUNTY (N.B. ONLY) \_\_\_\_\_ COUNTRY \_\_\_\_\_

\*Telephone : Home : \_\_\_\_\_ Cell : \_\_\_\_\_ Work : \_\_\_\_\_

\*Email : Home : \_\_\_\_\_ Work : \_\_\_\_\_

Canadian Citizen  Permanent Resident (Landed Immigrant)  Student Visa  Employment Visa \*Country of Origin : \_\_\_\_\_

Mother Tongue :  French  English  Other (specify) \_\_\_\_\_

## \*\*Are you an Aboriginal person, that is First Nations (Aboriginal people of North America), Métis or Inuit?

Yes, First Nations  Yes, Métis  Yes, Inuit Band Number : \_\_\_\_\_

## Program Choice (maximum of two)

\*Preferred Choice : \_\_\_\_\_  
PROGRAM NAME /OPTION CAMPUS SESSION/YEAR

Second Choice : \_\_\_\_\_  
PROGRAM NAME/OPTION CAMPUS SESSION/YEAR

## Education

Public High School  GED  Adult High School

SCHOOL NAME \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

College/University/Other Post-Secondary Education  Certificate  Diploma  Bachelor

Name of Institution : \_\_\_\_\_

## OFFICE USE

## Disclosure Statement

I authorize the College Admission Service to disclose my information to : \_\_\_\_\_  
(WRITE IN BLOCK LETTERS THE NAME OF THE PERSON/GARDIAN/OTHER)  
 The information you provide will be confidential and treated in accordance with the *New Brunswick right to information and protection of privacy act.*

## OFFICE USE

## Payment Information

Student Name : \_\_\_\_\_ Name of Cardholder : \_\_\_\_\_  
(WRITE IN BLOCK LETTERS) (WRITE IN BLOCK LETTERS)

Canadian \$50 (1 or 2 choices)  International Student \$100 (1 or 2 choices) Telephone : \_\_\_\_\_  
 Mastercard  Cheque  Money Order  Payable to « Minister of finance »  
 Visa

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE MONTH/YEAR \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_



# Guidance and counselling services

## CCNB guidance services: Solid support to ensure the success of your life/career plan!

Choosing a program of study is an important decision in terms of carrying out a life/career plan. Even if the choices you indicate on this admission application match your career interests, you may want to further narrow down your decision by obtaining more information now on the program(s) of study you have chosen, future job possibilities once you have completed your college education, or the way your studies will unfold. If you are interested in receiving this information, check "Yes" below, and a guidance and counselling services representative will contact you as soon as possible.

Yes, I would like to have a discussion with a guidance and counselling services representative as soon as possible.

Indicate whether you prefer to be contacted by telephone or by e-mail:

No, I do not wish to be contacted by a guidance and counselling services representative at this time.

# Accessibility Services and Student Success questionnaire

## The Support Centre in learning of CCNB is a partner in your success!

If you have a permanent disability (learning disability, motor disorder, mental impairment, blindness/visual impairment, deafness/hearing impairments or other disabilities), it may be that you need appropriate services to support your academic success from the beginning of the college year. Note also that you are eligible for additional financial assistance.

### Tell us what you need now, so that we can better coordinate support services you need

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number : \_\_\_\_\_

ID number : \_\_\_\_\_

Date of birth (year/month/day) : \_\_\_\_\_

Program : \_\_\_\_\_

Campus : \_\_\_\_\_

Brief description of your permanent disability and your needs : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A person of CCNB will contact you shortly to discuss your needs.

The information you provide will be confidential and treated according to the *Law on the Right to Information and Protection of Privacy Act of New Brunswick*.

