

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 or by mail to the College Admission Service, 113 Roseberry St, Suite 310, Campbellton, (N.B.) E3N 2G6 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 Other

*Date of Birth : _____ * Social Insurance Number : _____
YEAR MONTH DAY

*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.

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 _____

OFFICE USE



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*.

