

# APPLICATION FOR ADMISSION

## PROCEDURE FOR APPLYING TO COLLEGE PROGRAMS

### THE APPLICANT MUST SUBMIT:

1. Fully completed application form.
2. Official transcript of high school marks or high school equivalency marks:
  - If you are presently in Level III of High School and will be writing exams in June, the college will obtain a copy of your high school marks directly from the Department of Education once final marks are available, provided you enter your MCP number on your application.
3. A non-refundable \$30 application processing fee must accompany the completed application.
  - Application fee is required for all college programs EXCEPT: Adult Basic Education, General Studies, individualized courses through Distributed Learning or Continuing Education programs or courses;
  - Cheques or money orders must be made payable to College of the North Atlantic;

**NOTE:** Some programs require additional supporting documentation. Refer to the college calendar for specific requirements related to your program of choice. Application is complete when ALL documentation is received.

**APPLICATION FORM SHOULD BE MAILED TO THE CAMPUS WHERE THE PROGRAM IS OFFERED.  
REFER TO THE COLLEGE CALENDAR OR WEBSITE ([www.cna.nl.ca](http://www.cna.nl.ca)) FOR PROGRAMS OFFERED AT EACH CAMPUS.**

Prince Philip Drive & Seal Cove Campuses  
P.O. Box 1693  
St. John's, NL  
Canada A1C 5P7  
Telephone: (709) 758 7284  
Fax: (709) 758 7304

Ridge Road Campus  
153 Ridge Road  
St. John's, NL  
Canada A1C 6L8  
Telephone: (709) 758 7000  
Fax: (709) 758 7059

Corner Brook & St. Anthony Campuses  
P.O. Box 882  
Corner Brook, NL  
Canada A2H 6H6  
Telephone: (709) 637 8530  
Fax: (709) 634 2126

Carbonear & Placentia Campuses  
4 Pike's Lane  
Carbonear, NL  
Canada A1Y 1A7  
Telephone: (709) 596 6139  
Fax: (709) 596 2688

Grand Falls – Windsor, Gander  
and Baie Verte Campuses  
5 Cromer Avenue  
Grand Falls – Windsor, NL Canada  
Telephone: (709) 292 5600  
Fax: (709) 489 5765

Clarenville, Bonavista & DL Campuses  
69 Pleasant Street  
Clarenville, NL  
Canada A5A 1V9  
Telephone: (709) 466 6901  
Fax: (709) 466 2771

Burin Campus  
P.O. Box 370  
Burin Bay Arm, NL  
Canada AOE 1G0  
Telephone: (709) 891 5600  
Fax: (709) 891 2812  
Toll Free: 1 800 838 0976

Bay St. George and  
Port aux Basques Campuses  
P.O. Box 5400  
Stephenville, NL  
Canada A2N 2Z6  
Telephone: (709) 643 7838  
Fax: (709) 643 7734

Labrador West Campus  
Campbell Drive  
Labrador City, NL  
Canada A2V 2Y1  
Telephone: (709) 944 7210  
Fax: (709) 944 6581

Happy Valley – Goose Bay Campus  
P.O. Box 1720 Stn 'B'  
Happy Valley – Goose Bay, NL  
Canada AOP 1E0  
Telephone: (709) 896 6300  
Fax: (709) 896 3733

**TOLL FREE: 1-888-982-2268**

### Protection of Privacy

The personal information requested on this form is collected under the authority of the Access to Information and Protection of Privacy Act (**ATIPPA**) for authorized purposes including admission and registration, administration of records, scholarships and awards, learner services, alumni and college planning and research. Student personal information (as defined by **ATIPPA**) may be disclosed internally to academic and administrative units according to college policy, federal and provincial reporting requirements, and pursuant to information sharing agreements (as defined by **ATIPPA**). Direct questions related to the collection and use of this information may be directed to the Access and Privacy Coordinator ([www.cna.nl.ca/about/atipppa.asp](http://www.cna.nl.ca/about/atipppa.asp)).

### Student Declaration

In submitting this information, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to College of the North Atlantic (the "college") and if it occurs or is discovered after admission, may be expelled from the college. I further acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrollment at other post-secondary institutions on the application. I understand that information on falsified documents or fraudulent admission is shared with the Association of Registrars of the Universities and Colleges of Canada and I hereby consent to same.

In signing this application, I agree to be bound by the policies, rules and regulations set forth by College of the North Atlantic.

<b>APPLICANT - PERSONAL INFORMATION</b>		
Name:	Previous Last Name:	
Address (Home):	Phone: Cell #:	
City: Prov:	Postal Code:	
Address (if different from home):	Phone:	
City: Prov:	Postal Code:	
E-mail:		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
MCP #:	SIN #: (Optional)	
Out of Province/International Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Care ID #:	
<b>IMPORTANT:</b> Please indicate Student ID number if you have previously attended CNA or one of the previous provincial colleges.		
Emergency Contact (In the event of an emergency this is the person you give CNA permission to contact):		
Name:		
Telephone:	Cell Phone Number:	
<b>APPLICATION FOR PROGRAM</b>		
Program for which you are applying:	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Distributed Learning	
Campus:		
If applying for individual courses as a part time student indicate the courses below:		
	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Distributed Learning	
	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Distributed Learning	
	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Distributed Learning	
If applying for a program that requires a drivers license please indicate if you have a valid drivers license below:		
Date Received:	Drivers License: Y <input type="checkbox"/> N <input type="checkbox"/> Class:	
<b>PREVIOUS EDUCATION</b>		
Have you ever attended a public college or university in Newfoundland & Labrador? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please list the program, institution and date last attended.		
Program:	Institution: Date:	
Are you in High School now? <input type="checkbox"/> Yes, anticipated date of graduation _____ <input type="checkbox"/> No, date last attended _____		
<b>SPECIAL REQUIREMENTS</b>		
CNA supports students with disabilities. Are you an applicant with a documented disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you wish to be contacted by Disability Services? Yes <input type="checkbox"/> No <input type="checkbox"/>		
International Students: Status in Canada: Landed Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Is English your first language: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is your first language? TOEFL Score: Date written:		
<b>STATISTICAL INFORMATION</b>		
The following information is being gathered for statistical purposes:		
Primary source of funding support to attend College: <input type="checkbox"/> Student Loan <input type="checkbox"/> Provincial Income Support <input type="checkbox"/> Parents <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Personal Resource <input type="checkbox"/> EI <input type="checkbox"/> Other	Are you working now? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you receiving /eligible for EI? Y <input type="checkbox"/> N <input type="checkbox"/>		
Do you have aboriginal status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please indicate official status: <input type="checkbox"/> Inuit <input type="checkbox"/> Innu <input type="checkbox"/> Métis <input type="checkbox"/> Mi'kmaq <input type="checkbox"/> Other Please Specify _____		
How did you learn about this program? Choose all that apply below ...		
<input type="checkbox"/> High School Official <input type="checkbox"/> High School Counsellor <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Government Agency <input type="checkbox"/> College Representative <input type="checkbox"/> Former Graduate	<input type="checkbox"/> Brochure: _____ <input type="checkbox"/> CNA Open House – Campus: _____ <input type="checkbox"/> Print Ad – Publication: _____ <input type="checkbox"/> TV Ad – Station: _____ <input type="checkbox"/> Internet Site: _____ <input type="checkbox"/> Radio – Station: _____	
I HEREBY AUTHORIZE THE COLLEGE TO HAVE ACCESS TO MY ACADEMIC RECORD FROM THE DEPARTMENT OF EDUCATION, OR ANY OTHER EDUCATIONAL INSTITUTION. I DECLARE THAT I HAVE COMPLETED THIS APPLICATION ACCURATELY TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
Signature of Applicant _____	Date _____	
<b>FOR OFFICE USE ONLY</b>		
<b>NLCS Action</b> <input type="checkbox"/>		
Completion Date: _____ WLC _____ CA _____		
EL	QM	QML
QMP	QL	QP
QMPL	QDA	INC.
MD	IR	