



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 application processing fee (\$30 Canadian citizens, \$100 International applicants) 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) 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
P.O. Box 1150
St. John's, NL
Canada A1C 6L8
Telephone: (709) 758 7000
Fax: (709) 758 7059

Corner Brook & St. Anthony Campuses
P.O. Box 822
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

Labrador West Campus
1600 Nichols-Adam Highway
Labrador City, NL
Canada A2V 0B8
Telephone: (709) 944 7210
Fax: (709) 944 6581

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 A0E 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

Grand Falls – Windsor, Gander
and Baie Verte Campuses
5 Cromer Avenue
Grand Falls – Windsor, NL
Canada A2A 1X3
Telephone: (709) 292 5600
Fax: (709) 489 5765

Happy Valley – Goose Bay Campus
P.O. Box 1720 Stn 'B'
Happy Valley – Goose Bay, NL
Canada A0P 1E0
Telephone: (709) 896 6300
Fax: (709) 896 3733

TOLL FREE: 1 888 982 2268

Protection of Privacy

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act 1996 and the Access to Information and Protection of Privacy (ATIPP) Act. The college's Student Services department is collecting your personal information for admission and registration, administration of records, scholarships and awards, learner services, alumni and college planning and research. The college may use your personal information only for these purposes. The personal information you provide 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 ATIPP Act). By submitting this information you are granting permission to CNA to contact you regarding your application. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the ATIPP Act and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the college's Registrar at College of the North Atlantic – Headquarters, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-0827, registrar@cna.nl.ca.

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.

APPLICANT - PERSONAL INFORMATION								
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: <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; text-align:center;">D</td> <td style="width:20px; text-align:center;">D</td> <td style="width:20px; text-align:center;">M</td> <td style="width:20px; text-align:center;">M</td> <td style="width:20px; text-align:center;">Y</td> <td style="width:20px; text-align:center;">Y</td> </tr> </table>		D	D	M	M	Y	Y
D	D	M	M	Y	Y			
MCP #:	SIN #: (Optional)							
Out of Province/International Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Care ID #:							
IMPORTANT: 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:							
APPLICATION FOR PROGRAM								
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 licence please indicate if you have a valid drivers licence below:								
Date Received:	Drivers Licence: Y <input type="checkbox"/> N <input type="checkbox"/>	Class:						
PREVIOUS EDUCATION								
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"/> No, date last attended _____ Last Grade Completed _____								
<input type="checkbox"/> Yes, anticipated date of graduation _____ Name of High School _____								
SPECIAL REQUIREMENTS								
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:						
STATISTICAL INFORMATION								
The following information is being gathered for statistical purposes:								
Primary source of funding support to attend College:	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"/>						
<input type="checkbox"/> Student Loan <input type="checkbox"/> Parents <input type="checkbox"/> Personal Resource <input type="checkbox"/> Other	<input type="checkbox"/> Provincial Income Support <input type="checkbox"/> Workers Compensation <input type="checkbox"/> EI							
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 _____						
FOR OFFICE USE ONLY		NLCS Action <input type="checkbox"/>						
Completion Date: _____ WLC _____ CA _____								
EL	QM	QML						
QMP	QL	QP						
QMPL	QDA	INC.						
MD	IR							