



APPLICATION FOR ADMISSION

PROCEDURE FOR APPLYING TO COLLEGE PROGRAMS

THE APPLICANT MUST SUBMIT:

- Fully completed application form.
- Official high school transcript or high school equivalency marks (post-secondary transcript for post-diploma programs):
 - 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.
- 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: individualized courses through Distributed Learning or Continuing Education 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.

- | | | |
|--|--|---|
| <input type="checkbox"/> 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 | <input type="checkbox"/> Corner Brook & St. Anthony Campuses
P.O. Box 822
Corner Brook, NL
Canada A2H 6H6
Telephone: (709) 637 8530
Fax: (709) 634 2126 | <input type="checkbox"/> Prince Philip Drive Campus
P.O. Box 1693
St. John's, NL
Canada A1C 5P7
Telephone: (709) 758 7284
Fax: (709) 758 7304 |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> Ridge Road Campus
P.O. Box 1150
St. John's, NL
Canada A1C 6L8
Telephone: (709) 758 7000
Fax: (709) 758 7059 |
| <input type="checkbox"/> Carbonear & Placentia Campuses
4 Pike's Lane
Carbonear, NL
Canada A1Y 1A7
Telephone: (709) 596 6139
Fax: (709) 596 2688 | <input type="checkbox"/> 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 | <input type="checkbox"/> Seal Cove Campus
1670 Conception Bay Highway
P.O. Box 19003
Seal Cove, NL
Canada A1X 5C7
Telephone: (709) 744 6846
Fax: (709) 744 3929 |
| <input type="checkbox"/> Clarenville, Bonavista & DL Campuses
69 Pleasant Street
Clarenville, NL
Canada A5A 1V9
Telephone: (709) 466 6901
Fax: (709) 466 2771 | <input type="checkbox"/> Labrador West Campus
1600 Nichols-Adam Highway
Labrador City, NL
Canada A2V 0B8
Telephone: (709) 944 5787
Fax: (709) 944 5413 | |

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, 2015. The college's Student Services department is collecting your personal information for admission and registration, administration of records, scholarships and awards, student services, program accreditation, 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, tel. (709) 643 0827, or e-mail 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.

STATISTICAL INFORMATION

The following information is being gathered for statistical purposes:

Primary source of funding support to attend College: Student Loan Provincial Income Support Parents
 Workers Compensation Personal Resource EI
 Other

Are you working now? Yes No Are you receiving /eligible for EI? Yes No

Do you have aboriginal status? Yes No If yes, please indicate official status:
 Inuit Innu Métis Mi'kmaq Other Please Specify _____

How did you learn about this program? Choose all that apply below ...

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> High School Official | <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> College Representative |
| <input type="checkbox"/> Former Graduate | <input type="checkbox"/> Government Agency | <input type="checkbox"/> CNA Open House | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Print Ad-Publication: | <input type="checkbox"/> TV Ad - Station: | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Radio – Station: | <input type="checkbox"/> Internet – Site: | | |

Please indicate Student ID Number if you previously attended CNA/one of the previous colleges

APPLICANT – PERSONAL INFORMATION				
First Name:	Middle Name:	Last Name:		
Previous Last Name:		Date of Birth: dd mm yy		
MCP Number:	Marital Status:			
Gender:	SIN # (Optional):			
Address (Permanent):		Phone: (home)		
City:	Prov:	Postal Code:		
Current Address: (if different from permanent):		Phone: (cell)		
City:	Prov:	Postal Code:		
E-mail: (must be the applicant's e-mail)				
EMERGENCY CONTACT				
Emergency Contact (in the event of an emergency this is the person you give CNA permission to contact)				
Name:		Relation to You:		
Telephone Number:		Cell Phone Number:		
CONSENT FOR RELEASE OF INFORMATION				
If you wish the College to share information about your application, please complete this section. Consent expires upon entry into a program. Name of person(s) who can access your information: _____				
APPLICATION FOR PROGRAM				
Program for which you are applying:	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Distributed Learning	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Blended Delivery		
Campus:	When are you available to start your program: <input type="checkbox"/> Next Intake OR <input type="checkbox"/> Year and Month			
Are you applying for Advanced Standing in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, ensure appropriate documents are submitted)				
If applying for a program that requires a driver licence, please indicate if you have a valid driver licence below:				
Date Received:	Driver Licence:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class:	
If applying for individual courses as a part-time student, please 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	
PREVIOUS EDUCATION				
Have you ever attended a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list the program, institution, location, highest level achieved, and date last attended.				
Program	Institution	Prov.	Highest Level Attained	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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you wish to be contacted by CNA Accessibility Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OUT OF PROVINCE/INTERNATIONAL APPLICANTS				
Out of Province Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		International Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Care ID #:		Country of Citizenship:		
Status in Canada: <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa				
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your first language? _____				
TOEFL - Paper Based Score:		OR Internet Based Score:	OR Computer Based Score:	
IELTS (Academic) Score:		MELAB Score:	Date Written:	
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"/>		
Eligibility Date:		WLC	CA	
EL		QM	QML	
QMP		QL	QP	
QMPL		QDA	INC.	
MD		IR		