

IMPORTANT – STUDENT ID NUMBER (IF KNOWN)

APPLICANT – PERSONAL INFORMATION

First Name:	Initial:	Last Name:	
Previous Last Name (If applicable):			
Address:	City:	Province	Postal Code
Telephone Number:	Alternate Telephone Number:	E-mail:	
Date of Birth (dd-mm-yyyy):			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Emergency Contact (In the event of an emergency this is the person you give CNA permission to contact):			
Name:			
Telephone Number:	Alternate Telephone Number:	Cell Phone Number:	

APPLICATION FOR PROGRAM/COURSE

Applying for: <input type="checkbox"/> Program <input type="checkbox"/> Course	Please Specify:
Campus:	
If applying for a course that requires a drivers license, please indicate if you have a valid driver’s license below:	
Driver’s License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____ Date Received: _____

PREVIOUS EDUCATION

Have you ever applied and/or attended either campus of CNA?
(IMPORTANT: Please indicate Student ID number if you have previously attended CNA or one of the previous provincial colleges)

Please list the program/course attended:

Program/Course	Campus	Date

SPECIAL REQUIREMENTS

CNA supports students with disabilities. Do you wish to be contacted by Disability Services? Yes No

STATISTICAL INFORMATION

<input type="checkbox"/> Family/Friend <input type="checkbox"/> Government Agency <input type="checkbox"/> College Representative <input type="checkbox"/> Employer <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter	<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"/> Radio – Station: _____ <input type="checkbox"/> Internet Site/Google Search: _____
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I DECLARE THAT I HAVE COMPLETED THIS APPLICATION ACCURATELY TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

Yes, I want to stay connected with CNA. Please subscribe me to receive information from College of the North Atlantic.

Payment Method: Visa MC AMEX Debit Cheque Cash

Name on Credit Card: _____ Card Number: _____ Expiry Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Receipt Number: _____



CONTINUING EDUCATION COURSE REGISTRATION FORM

The Applicant Must Submit:

1. Fully completed registration form.
2. Official Transcript of high school marks/post secondary marks (if applicable)
3. Payment in Full. Methods of payment – Cash, Cheque, Debit, & most major Credit Cards

REGISTRATION INQUIRIES SHOULD BE DIRECTED TO THE CAMPUS WHERE THE COURSE AND/OR PROGRAM IS OFFERED.

YOU CAN VISIT OUR WEBSITE (www.cna.nl.ca) FOR COURSE/PROGRAM OFFERINGS OR CONTACT THE APPROPRIATE CAMPUS.

TOLL FREE: 1-888-982-2268

Prince Philip Drive Campus
1 Prince Philip Drive
P. O. Box 1693
St. John's, NL A1C 5P7
Telephone: (709) 758-7532
Fax: (709) 758-7297

Ridge Road Campus 153
Ridge Road
St. John's, NL A1C 6L8
Telephone: (709) 758-7554
Fax: (709) 758-7059

Seal Cove Campus
P. O. Box 19003 Station Seal Cove
Conception Bay South, NL A1X 5C7
Telephone: (709) 744 - 6845
Fax: (709) 744 - 3929

Corner Brook Campus
P. O. Box 882
Corner Brook, NL A2H 6H6
Telephone: (709) 637-8570
Fax: (709) 634-2126

St. Anthony Campus
83-93 East Street
P. O. Box 550
St. Anthony, NL A0K 4S0
Telephone: (709) 454 - 3559
Fax: (709) 454 - 8808

Carbonear Campus
4 Pike's Lane
Carbonear, NL A1Y 1A7
Telephone: (709) 596-6139
Fax: (709) 596-2688

Placentia Campus
1 Roosevelt Avenue
P. O. Box 190
Placentia, NL A0B 2Y0
Telephone: (709) 227 - 6281
Fax: (709) 227 - 7185

Gander Campus
1 Magee Road
P. O. Box 395
Gander, NL A1V 1W8
Telephone: (709) 651 - 4804
Fax: (709) 651 - 3376

Baie Verte Campus
1 Terra Nova Road
Baie Verte, NL A0K 1B0
Telephone: (709) 532 - 8066
Fax: (709) 532 - 4624

Clarenville Campus
69 Pleasant Street
Clarenville, NL A5A 1V9
Telephone: (709) 466-6901
Fax: (709) 466-2771

Bonavista Campus
301 Confederation Drive
P. O. Box 670
Bonavista, NL A0C 1B0
Telephone: (709) 468 - 1306
Fax: (709) 468 - 2004

Burin Campus
105 Main Street
P. O. Box 370
Burin Bay Arm, NL A0E 1G0
Telephone: (709) 891-5600
Fax: (709) 891-2812
Toll Free: 1-800-838-0976

Bay St. George Campus
432 Massachusetts Drive DSB Fowlow Bldg.
P. O. Box 5400
Stephenville, NL A2N 2Z6
Telephone: (709) 643 - 7825
Fax: (709) 643 - 7748

Port aux Basques Campus
59 Grand Bay Road
P. O. Box 760
Port aux Basques, NL A0M 1C0
Telephone: (709) 695 - 3582
Fax: (709) 695 2963

Happy Valley-Goose Bay Campus
219 Hamilton River Road
P. O. Box 1720 Station "B"
Happy Valley-Goose Bay, NL A0P 1E0
Telephone: (709) 896-6300
Fax: (709) 896-3733

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

Grand Falls - Windsor Campus
5 Cromer Avenue
Grand Falls – Windsor, NL A2A 1X3
Telephone: (709) 292 - 5642
Fax: (709) 489 - 4180

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, learner services, and institutional 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/atippa.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.