NIPISSING UNIVERSITY

100 College Drive, Box 5002, North Bay ON P1B 8L7
705.474.3450 extension 4522 | Fax: 705.495.1772
iep@nipissingu.ca | www.nipissingu.ca

INDIGENOUS EDUCATION PROGRAMS APPLICATION

NEW ADMISSION: ☐ RE-ADMISSION: ☐

We reserve the right to cancel courses with insufficient enrolment after up to 4 weeks of the program start.

SURNAME	FIRST NAME	FORMER NAME (if applicable)

MAILING ADDRESS

CITY	PROVINCE	POSTAL CODE

TELEPHONE	☐ BUSINESS or ☐ CELL NUMBER	EMAIL

SOCIAL INSURANCE NUMBER (Optional)	BIRTH DATE	MARITAL STATUS
___ ___	MONTH / DAY / YEAR	☐ SINGLE, DIVORCED, WIDOWED ☐ MARRIED, SEPARATED If Documents are in a different name please provide proof of name change.

ARE YOU AN INDIGENOUS PERSON? (Optional)	STATUS IN CANADA	COUNTRY OF CITIZENSHIP	IF NOT BORN IN CANADA, ARRIVAL DATE	FIRST LANGUAGE
☐ YES ☐ NO If yes, please specify: ☐ FIRST NATION ☐ METIS ☐ INUIT ☐ OTHER	☐ CANADIAN CITIZEN ☐ PERMANENT RESIDENT ☐ STUDENT VISA ☐ OTHER VISA (Specify)		MONTH / YEAR	☐ ENGLISH ☐ FRENCH ☐ OTHER

PROGRAM: Please indicate intended program and part of study.

☐ Indigenous Classroom Assistant Diploma Program (ICADP) - ☐ North Bay ☐ Kenjgewin Teg ☐ Wagmatcook First Nation
☐ Indigenous Teacher Education Program (ITEP)
☐ Teacher Of Indigenous Language As A Second Language (TILSL)

LAST SECONDARY SCHOOL ATTENDED

FROM	TO	NAME OF SCHOOL	GRADE COMPLETED	DIPLOMA	DOCUMENTS
					☐ ATTACHED ☐ ON FILE ☐ TO FOLLOW

ALL POST-SECONDARY INSTITUTION(S) ATTENDED

FROM	TO	INSTITUTION	PROGRAM	DIPLOMA/DEGREE	DOCUMENTS
					☐ ATTACHED ☐ ON FILE ☐ TO FOLLOW
					☐ ATTACHED ☐ ON FILE ☐ TO FOLLOW

EMPLOYMENT OR ACTIVITIES WHEN NOT A FULL-TIME STUDENT

FROM	TO	EMPLOYER OR NATURE OF ACTIVITY	JOB TITLE/DESCRIPTION

IF YOU HAVE PREVIOUSLY ENROLLED AT NIPISSING UNIVERSITY, PLEASE COMPLETE THIS SECTION

NIPISSING STUDENT ID OR NUMBER :	LAST PROGRAM:	LAST SESSION:

Have you taken any courses at a post-secondary institution since your last registration at Nipissing University?

☐ YES ☐ NO If yes, what institution(s):

DOCUMENTS
☐ ATTACHED ☐ TO FOLLOW

I HEREBY CERTIFY THAT ALL STATEMENTS ARE CORRECT AND COMPLETE INCLUDING MY DECLARATION OF CITIZENSHIP AND STATUS IN CANADA. I UNDERSTAND THAT I MAY HAVE TO PROVIDE DOCUMENTATION AT SOME FUTURE DATE TO SUBSTANTIATE MY CLAIM AND THAT ANY MISREPRESENTATION OF THIS DATA MAY RESULT IN THE CANCELLATION OF MY ADMISSION OR REGISTRATION STATUS.

APPLICANT'S SIGNATURE _____ DATE _____

(Please see over for instructions)

FOR OFFICE USE ONLY		
STUDENT ID	START TERM	ACAD. PROGRAM

APPLICATION FOR INDIGENOUS EDUCATION PROGRAMS

Please read the following instructions carefully.

The following documentation is required to be considered for admission. Please forward all documentation by e-mail to iep@nipissingu.ca, if possible.

1. APPLICATION FORM
   Please type or print clearly in pen. Complete ALL sections of the application form. Illegible or incomplete forms may not be processed. Please contact us if you require assistance or have questions regarding this application.

2. DOCUMENTATION (if not previously submitted)
   (a) **Official** transcripts from all institutions (domestic or international) previously or presently attended, secondary schools, colleges and universities must be sent directly to Nipissing University and must bear the official seal of that institution. Copies will not be accepted.

   (b) **ITEP applicants** must provide proof of Indigenous ancestry and a one-page typed statement that outlines the reasons for applying to the Indigenous Teacher Education Program.

   (c) **TILSL applicants** must provide a one-page statement outlining why you wish to be a teacher of Indigenous Languages. In addition, applicants must provide two letters of reference, one of which is from an individual (not a family member) in a professional capacity who can attest to your level of fluency (Chief and Council, Education Director, Education Authority Board member, Cultural Committee member, etc.)

   (d) Proof of name change, if academic documents show a name other than that under which application is made (i.e. marriage registration, notarized statements of legal name change or other legal documents).

Upon receipt of the above, a decision will be made and you will be notified in writing.

Direct all inquiries and documents to:

Nipissing University
The Office of the Registrar
Box 5002, 100 College Drive
North Bay ON P1B 8L7

E-mail: iep@nipissingu.ca
Website: www.nipissingu.ca

Note: Neither this application nor supplementary acknowledgement material constitutes an offer of admission. Successful candidates will receive an offer letter clearly outlining the program of admission and other pertinent details. Applicants are also advised that supporting material cannot be returned.

Protection of Privacy

Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992.

Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs".

Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services. Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan