



Selkirk College

SELKIRK COLLEGE APPLICATION

FOR ADMISSION & RE-ADMISSION

APPLY AND PAY ON-LINE AT APPLY.EDUCATIONPLANNERBC.CA/APPLY/COMPLETE-APPLICATION/SELKIRK
OR FILL OUT THIS APPLICATION FORM. PLEASE FILL OUT ALL SECTIONS.

SELKIRK COLLEGE STUDENT ID

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HAVE YOU PREVIOUSLY ATTENDED SELKIRK COLLEGE?

☐ Yes ☐ No

PERSONAL DATA

Legal First Name:					Legal Last Name:						
Legal Middle Name:					Previous Last Name(s)						
PEN Number: (if known)										Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yy/mm/dd):

PERMANENT MAILING ADDRESS

Number:	Street:			PO Box:
City:	Province/Country:			Postal Code:
Day Phone:	Evening Phone:			Cell Phone:
Email(s):				

CURRENT MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)

Number:	Street:			PO Box:
City:	Province/Country:			Postal Code:
Day Phone:	Evening Phone:			Cell Phone:

NEXT OF KIN - EMERGENCY CONTACT

Full Name:	
Email(s):	Phone:

CITIZENSHIP INFORMATION

Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, what citizenship:	
Landed Immigrant: <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, date of landing:	Document of landed status must be submitted .

Acceptable documentation can be found at: <http://www.cic.gc.ca/english/information/applications/guides/5545ETOC.asp#5545E2>

VOLUNTARY DISCLOSURE

Selkirk College is dedicated to providing access to Indigenous students and supporting them in their efforts to achieve their goals.

Do you identify yourself as an Indigenous person, that is Métis, First Nations or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please check all that apply: <input type="checkbox"/> Métis <input type="checkbox"/> First Nations <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Treaty <input type="checkbox"/> Non-Treaty <input type="checkbox"/> Inuit
Do you require special arrangements or assistance for a documented disability? (For example: learning disability, physical disability, mental health, required service dog etc?) Accessibility Services will contact you to offer support. <input type="checkbox"/> Yes <input type="checkbox"/> No
Optional: Are you or were you a Youth in Care in British Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not certain I qualify

PROGRAM CHOICES

Before completing this section, refer to selkirk.ca/programs for information on programs available. If you are unclear of which program to apply for, contact the Admissions Office at 250.365.7292. You may wish to discuss your educational goals with a College Counsellor.

Student Status: <input type="checkbox"/> New Student (first application) <input type="checkbox"/> Continuing Student (same program) <input type="checkbox"/> Returning Student (different program)			
Name of Program:		Year: <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year	
Associate Degree: <input type="checkbox"/> Arts <input type="checkbox"/> Science	Distance Education: <input type="checkbox"/>	Apprenticeship Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 TWID# :	
Academic Upgrading: <input type="checkbox"/> Castlegar <small>Grades 9-12</small> <input type="checkbox"/> Nelson <small>Grades 9-12</small> <input type="checkbox"/> Trail <small>Grades 9-12</small> <input type="checkbox"/> Grand Forks <small>Grades 9-12</small> <input type="checkbox"/> Kaslo <small>Grades 9-12</small> <input type="checkbox"/> Nakusp <small>Grades 9-12</small>			
Adult Special Education: <input type="checkbox"/> Castlegar <input type="checkbox"/> Nelson <input type="checkbox"/> Trail <input type="checkbox"/> Grand Forks <input type="checkbox"/> Kaslo <input type="checkbox"/> Nakusp			
Start Date (mm/yy):		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

PREVIOUS EDUCATION

HIGH SCHOOL EDUCATION

Name of High School Attended (most recent):		
City:	Province/Country:	School District Number:
Highest Grade Completed:	Years Attended (from/to):	Graduation Date (mm/yy):

POST-SECONDARY EDUCATION

NAME OF COLLEGE / UNIVERSITIES	CITY / PROVINCE	YEARS ATTENDED (FROM/TO)
1.		
2.		
3.		

FEES & PAYMENT

An application fee is required if you are a New Student (1st Application) or a Returning Student (to different program).

Domestic & International non-refundable application fee amounts are posted at: selkirk.ca / Financial Info / Miscellaneous Fees

By Mail: Attach a cheque or money order and mail to Selkirk College

By Phone: Call in to cashier for credit card payment 1-888-953-1133 ext 21297 or ext 13244

In Person: Cash, cheque, debit, credit card

International Students: complete payment form provided by Selkirk International Department - Email: international@selkirk.ca

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

DECLARATION: I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations as listed in the Selkirk College calendar and as amended by the Selkirk College Board. I also agree to any penalty assessed for non-compliance with the rules and regulations. In signing this application for admission, I understand that Selkirk College will use and maintain the information for the purposes of admission, registration, student support services, research, alumni and development, administration of the Student Union Health and Dental plan, and other purposes consistent with the mandate of the institution under the College and Institute Act. Information on admission, registration and academic achievement may also be disclosed to and used for statistical and research purposes by the College, other post-secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165).

APPLICANT SIGNATURE

DATE SIGNED