



BIMOSE INDIGENOUS TEACHER EDUCATION PROGRAM APPLICATION

Box 5002, 100 College Drive, North Bay, ON P1B 8L7
 Phone: (705) 474-3450, Ext. 4522 Fax: (705) 495-1772
 E-mail: iep@nipissingu.ca Internet: www.nipissingu.ca

NEW ADMISSION: RE-ADMISSION:

A \$50 non-refundable application fee must accompany this application. This fee will be applied against tuition.

| | | | |
|--|---------|---------------|----------------|
| GENDER (OPTIONAL) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER GENDER IDENTITY | SURNAME | GIVEN NAME(S) | FORMER SURNAME |
|--|---------|---------------|----------------|

MAILING ADDRESS

| | | |
|------|----------|-------------|
| CITY | PROVINCE | POSTAL CODE |
|------|----------|-------------|

| | | |
|-----------|--------------------------------|-----|
| TELEPHONE | BUSINESS NUMBER OR CELL NUMBER | FAX |
|-----------|--------------------------------|-----|

| | | | | | |
|--------|---|--|-------|-----|------|
| E-MAIL | SOCIAL INSURANCE NUMBER (Optional) _____ | BIRTH DATE <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">MONTH</td> <td style="width: 33%; border: none;">DAY</td> <td style="width: 33%; border: none;">YEAR</td> </tr> </table> | MONTH | DAY | YEAR |
| MONTH | DAY | YEAR | | | |

| | | | | |
|--|---|------------------------|-------------------------------------|---|
| MARITAL STATUS <input type="checkbox"/> SINGLE, DIVORCED, WIDOWED <input type="checkbox"/> MARRIED, SEPARATED <small>If Documents are in a different name please provide proof of name change.</small> | STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA (Specify) | COUNTRY OF CITIZENSHIP | IF NOT BORN IN CANADA, ARRIVAL DATE | FIRST LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER |
|--|---|------------------------|-------------------------------------|---|

PROGRAM: Please indicate intended program and part of study.

INDIGENOUS TEACHER EDUCATION PROGRAM PART 1

BIMOSE COMMUNITY: Please indicate the Bimose community to which you are a member

INDIGENOUS ANCESTRY DOCUMENTS

MUST SUBMIT PROOF OF INDIGENOUS ANCESTRY:
 FIRST NATION STATUS FIRST NATION NON-STATUS MÉTIS INUIT ATTACHED TO FOLLOW

LAST SECONDARY SCHOOL ATTENDED DOCUMENTS

| FROM | TO | NAME OF SCHOOL | GRADE COMPLETED | DIPLOMA | DOCUMENTS |
|------|----|----------------|-----------------|---------|--|
| | | | | | <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW |

ALL POST-SECONDARY INSTITUTION(S) ATTENDED DOCUMENTS

| FROM | TO | INSTITUTION | PROGRAM | DIPLOMA/DEGREE | DOCUMENTS |
|------|----|-------------|---------|----------------|--|
| | | | | | <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW |
| | | | | | <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> 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) _____ 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 _____

- Checklist:**
- Completed Application Form (complete ALL areas)
 - All Official Transcripts (NOT photocopies)
 - \$50.00 Application Processing Fee
 - Copy of Proof of Indigenous Ancestry
 - CRC and VSC
 - Proof of Name Change (if required)

APPLICATION FOR BIOMOSE INDIGENOUS TEACHER EDUCATION PROGRAM

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY.

To be considered for admission, you must submit:

1. APPLICATION FORM – DUE BY NOVEMBER 30th, 2018

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. APPLICATION FEE

There is a \$50 non-refundable application processing fee due at the time of application. Payments are acceptable by on-line banking*, cash, certified cheque, debit card, bank draft or money order payable to Nipissing University. **Credit card payments are not accepted.**

*When paying through on-line banking go to your bank website and select bill payments. Add Nipissing University as a payee. Your account number is your student number (without the letter in front).

3. OFFICIAL TRANSCRIPTS

- a) Your complete academic record(s) indicating the subjects studied, grades achieved and diploma(s)/degree(s) granted must be sent directly to Nipissing University for all post-secondary institutions attended and must bear the official seal of that institution. You must submit all college and university transcripts whether or not they are considered relevant. If any information in your application is determined to be false or misleading, concealed or withheld, your application may be invalidated and this could result in its immediate rejection or in the revocation of an offer of admission or registration at the university.
- b) A proof of name change, if academic documents show a name other than that under which application is made (ie: marriage certificate, divorce decree, etc.)
- c) If the certificates you are submitting are not in English, you will be required to provide notarized English translations together with copies of the original certificates.
- d) Nipissing University transcripts need not be submitted, however, if you attended Nipissing University prior to 1992 you are considered a Laurentian University student and you must submit that transcript.

4. ADMISSION REQUIREMENTS for admission to the Indigenous Teacher Education Program:

- a) One of the following completed certifications from an accredited university or college:
 - Early Childhood Education;
 - Native Classroom Assistant Diploma or Aboriginal Classroom Assistant Diploma;
 - Native Special Education Assistant Diploma;
 - Native Language Teaching Certificate;
 - An undergraduate degree from an accredited university.
- b) Proof of Indigenous ancestry
- c) Valid Criminal Reference Check (CRC), including a Police Vulnerable Sector Check (PVSC): due by January 31, 2019.

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
(705) 474-3450, ext. 4522

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.



**INDIGENOUS PROGRAMS
FUNDING SPONSORSHIP INFORMATION**

STUDENT'S NAME: _____ PROGRAM: _____

| FUNDING SPONSORSHIP INFORMATION | | | |
|--|--------------------------|--------------------------|--------------------------|
| Name of Sponsor | | | |
| Name of Contact | | | |
| Position | | | |
| Phone | | Fax | |
| Sponsorship: Pending <input type="checkbox"/> Approved <input type="checkbox"/> Not Applicable <input type="checkbox"/> * | | | |
| <i>* Students who are not sponsored are responsible for the payment of all fees prior to the start of the Program.</i> | | | |
| Please indicate who will be responsible for the payment of the fees listed below: | | | |
| Fees | Sponsor Approved | Sponsor Pending | Student |
| \$50 Application Deposit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition Fees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT: If student is sponsored, an official Sponsorship Letter <u>MUST</u> be submitted. | | | |
| SPONSORSHIP LETTER: Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/> Not Applicable <input type="checkbox"/> | | | |
| Sponsor's Signature | | Student's Signature | |
| Date | | Date | |

PLEASE FORWARD THE COMPLETED FORM BY ONE OF THE FOLLOWING METHODS:

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

FAX:
Nipissing University
Office of the Registrar
Fax: (705) 495-1772

E-MAIL: iep@nipissingu.ca