

INSTRUCTIONS FOR APPLICATION TO INDIGENOUS TRANSITION PROGRAMS September 2025



Indigenous Foundation Program

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

The Admissions Committee considers more than just your grades when assessing your application to the Indigenous Foundation program (IFP). If you have any questions, please contact the Student Success and Development Coordinator, Indigenous Student Transitions at (705) 474-3450 Ext. 4772.

APPLICATION FORM:

Attached to this document, you will find the 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 need assistance or have questions completing this application.

APPLICATION FEE:

There is a \$80.00 non-refundable application processing fee due at time of application. There are multiple ways to pay this application fee: (Please note that credit card payments are not accepted).

- Cheque* Available if sending application by mail. Attach cheque to application.
- Money Order* Available only if sending application by mail. Attach Money Order to application.
- Pay at the Finance Office at Nipissing University**
- Online Banking**

*Cheques or money orders must be made payable to "Nipissing University".

**If paying directly at the Finance Office or through Online banking, please note that a student number is required first. Therefore, please submit your application documents to admissions@nipissingu.ca first, and indicate how you would like to pay, so that a student account may be created first and receive a student number. The applicant will be notified by email of the next steps to take to make the \$80.00 application payment so that the application can then be processed.



ADMISSION REQUIREMENTS:

- Must be of Indigenous ancestry;
- Are a Canadian Citizen or a Permanent Resident;
- Applicants may also be required to participate in an interview.

SUPPLEMENTAL DOCUMENTS:

Applicants are also required to submit the following supplemental documents:

- a) Two reference forms from two different referees Referees must fill out the Reference Form located after the application form.
 - i. One personal reference
 - ii. One professional reference completed by a teacher, guidance counselor, employer or community member is required.

Please note that referees may not be a family member.

- b) A two-page statement (typed and double spaced)
 - Describe your academic history, strengths, and challenges (academic or personal), reasons why your academic history may not reflect your full potential, and how you plan to be successful at university.
 - Describe your academic goals and why you wish to attend the Indigenous Foundations Program.
 - Describe how the program will help you achieve your goals and what your level of interest is in various aspects of Indigenous culture as part of the program.
- c) An updated resume outlining educational, work and volunteer experience.
- d) All official transcripts; secondary and post-secondary. Please follow the instructions below on how to submit your official transcripts.

OFFICIAL TRANSCRIPTS

i. We require official transcripts from EVERY institution attended to make admission decisions, whether they are considered relevant, you graduated from the program, your courses are still in progress, or you were successful or not. This includes Official transcripts from your last High School attended and non-Canadian institutions. It is the applicant's responsibility to contact the institutions directly. The transcripts can be mailed, faxed, or emailed directly from the institution to Nipissing University and will only be accepted when we can verify that they come directly to us from the issuing institutions. The transcripts may not come directly by the applicant. A report card does not constitute of a transcript. Photocopies of transcripts are not considered official. All official transcripts must be received before admission decisions will be made.



- ii. International college and university transcripts must be assessed first (course-by-course analysis) by the World Education Service www.wes.org/ca.
- iii. A proof of name change is only required if academic documents show a name other than the name listed on the application is made (ie: Marriage certificate or license, legal Name Change certificate, divorce decree, etc.). A copy or picture of the document can be emailed, faxed, or mailed by the applicant with the application.
- iv. If the documents you are submitting are not in English, you will be required to provide notarized English translations together with copies of the original transcripts.
- v. 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

DEADLINES

To allow sufficient time to process the application, we recommend you submit your application, payment and required documents no later than July 1st, 2024. Please note that applications may take 3-4 weeks to process before receiving a decision. Please leave enough processing time for your funding deadline (if applicable). Final decisions will be sent by email.

DIRECT ALL DOCUMENTS TO:

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

E-mail: admissions@nipissingu.ca

Fax: 705-495-1772

Website: www.nipissingu.ca/indigenous

Note: Neither this application nor supplementary acknowledgement material constitutes an offer of admission. Successful candidates will receive admission letters 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 to enroll students in their Health Care Plan.



INDIGENOUS TRANSITION PROGRAM

September 2025

APPLICATION FOR ADMISSION

Finance: Amount Paid:

Fax: (705) 495-1772 E-mail: admissions@nipissingu.ca

A non-refundable application fee of \$80.00 must accompany this application form in SURNAME GIVEN NAME(S) MAILING ADDRESS CITY PROVINCE POSTAL CODE TELEPHONE - Home TELEPHONE - Cell SOCIAL INSURANCE NUMBER (Optional) BIRTH DATE MONTH DAY YEAR STATUS IN CANADA COUNTRY OF CITIZENSHIP	FORMER SURNAME OEN NUMBER (if known) E					
MAILING ADDRESS CITY PROVINCE POSTAL CODE TELEPHONE - Home TELEPHONE - Cell SOCIAL INSURANCE NUMBER (Optional) BIRTH DATE — — MONTH DAY YEAR STATUS IN CANADA CANADA CANADIAN CITIZEN PERMANENT RESIDENT	DO YOU IDENTIFY AS AN INDIGENOUS PERSON? YES NO FIRST NATION METIS INUIT OTHER MARITAL STATUS SINGLE, DIVORCED, WIDOWED MARRIED, SEPARATED					
CITY PROVINCE POSTAL CODE TELEPHONE - Home TELEPHONE - Cell SOCIAL INSURANCE NUMBER (Optional) BIRTH DATE MONTH DAY YEAR STATUS IN CANADA COUNTRY OF CITIZENSHIP CANADIAN CITIZEN PERMANENT RESIDENT	DO YOU IDENTIFY AS AN INDIGENOUS PERSON? YES NO FIRST NATION METIS INUIT OTHER MARITAL STATUS SINGLE, DIVORCED, WIDOWED MARRIED, SEPARATED					
TELEPHONE - Home TELEPHONE - Cell SOCIAL INSURANCE NUMBER (Optional) BIRTH DATE MONTH DAY YEAR STATUS IN CANADA COUNTRY OF CITIZENSHIP	DO YOU IDENTIFY AS AN INDIGENOUS PERSON? YES NO FIRST NATION METIS INUIT OTHER MARITAL STATUS SINGLE, DIVORCED, WIDOWED MARRIED, SEPARATED					
SOCIAL INSURANCE NUMBER (Optional) BIRTH DATE MONTH DAY YEAR STATUS IN CANADA COUNTRY OF CITIZENSHIP CANADIAN CITIZEN PERMANENT RESIDENT	☐ FIRST NATION ☐ METIS ☐ INUIT ☐ OTHER MARITAL STATUS ☐ SINGLE, DIVORCED, WIDOWED ☐ MARRIED, SEPARATED					
SOCIAL INSURANCE NUMBER (Optional) BIRTH DATE MONTH DAY YEAR STATUS IN CANADA COUNTRY OF CITIZENSHIP CANADIAN CITIZEN PERMANENT RESIDENT	☐ FIRST NATION ☐ METIS ☐ INUIT ☐ OTHER MARITAL STATUS ☐ SINGLE, DIVORCED, WIDOWED ☐ MARRIED, SEPARATED					
TATUS IN CANADA CANADIAN CITIZEN PERMANENT RESIDENT COUNTRY OF CITIZENSHIP	□SINGLE, DIVORCED, WIDOWED □MARRIED, SEPARATED					
STATUS IN CANADA COUNTRY OF CITIZENSHIP CANADIAN CITIZEN PERMANENT RESIDENT						
STATUS IN CANADA COUNTRY OF CITIZENSHIP CANADIAN CITIZEN PERMANENT RESIDENT	FIRST LANGUAGE					
□ STUDENT VISA □ OTHER VISA (SPECIFY)	MONTH YEAR OTHER					
AREA OF INTEREST	Contex					
PROGRAM OF ENROLMENT:						
☐ Indigenous Foundation Program						
Indigenous Foundation Program						
WILL YOU BE RECEIVING FUNDING?	If yes: ☐ OSAP or ☐ Band funding					
BAND FUNDING DEADLINE DATE (if applicable):	, co.u. o band funding					
,						
LAST SECONDARY SCHOOL ATTENDED FROM TO NAME OF SCHOOL GRADE COMP	PLETED DIPLOMA ACHIEVED?					
GRADE COMP	PLETED DIPLOMA ACHIEVED?					
ALL POST-SECONDARY INSTITUTION(S) ATTENDED (Include all colleges and universities	ies attended, even if not considered relevant)					
FROM TO INSTITUTION PROGRAM	DIPLOMA/DEGREE AWARDED? ☐ Yes ☐ No					
FROM TO	☐ Yes ☐ No					
FROM TO	☐ Yes ☐ No					
IF YOU HAVE PREVIOUSLY ENROLLED AT NIPISSING UNIVERSITY, PLEASE COM NIPISSING STUDENT NUMBER: LAST PROGRAM ENROLLED IN:						
TAN TOOMYO STUDENT NUMBER. LAST PRUGRAM ENRULLED IN:	LAST DATE ATTENDED: (mm/yyyy)					
It is your responsibility to ensure that your application and all supporting documentation is truthful, corprovided as part of this application. If any information in your application is determined to be false or more result in its immediate rejection or in the revocation of an offer of admission or registration at the universities and colleges across Canada. The determination of whether an application contains fawith which universities and colleges this information may be shared, is solely at the discretion of the university that all personal information and documents submitted are true, correct, and complete	misleading, concealed or withheld, your application may be invalidated, and this coul iversity. Information about a rejection or revocation of your application may be share alse or misleading information or that you have concealed or withheld information, an university.					
APPLICANT'S SIGNATURE						
ecklist: ☐ Completed Application Form ☐ Two Page Statement ☐ Two Reference forms (1 Personal and 1 Professional) ☐ Copy of Proof of Indigenous Ancestry ☐ \$80.00 Application Processing Fee						

Receipt No.:_

Initials:

Date Paid:



INDIGENOUS TRANSITION PROGRAMS

September 2025

Fax: (705) 495-1772 E-mail: admissions@nipissingu.ca

REFERENCE FORM

Website: www.nipissingu.ca/indigenous										
One personal reference and one profes	sional reference c	ompleted by a teach	ner, guidance	counselor, er	nployer or c	ommunity m	ember is requ	ired. Please		
note that referees may not be a family member.			חברייי	REFEREE NAME						
APPLICANT'S NAME			REFERE	NAME						
PROFESSIONAL REFEREE * ☐ Yes	RELATIONSH	P TO APPLICANT			HOW LONG	G HAVE YOU F	NOWN APPLIC	ANT		
PERSONAL REFEREE ☐ Yes										
REFREE MAILING ADDRESS				PHONE NUI	MBER					
CITY	PROVINCE	POSTAL CODE	E-MAIL							
DEFENSE CIONATURE			DATE							
REFEREE SIGNATURE			DATE							
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PLEASE RATE THE APPLICANT IN THE	FULLOWING ARE	EA5; 5 = VERY	STRONG, 3=A							
1. Communication skills, written				<u> 5</u>	<u> 4</u>	<u>3</u>	<u>2</u>	<u> </u>		
2. Communication skills, oral				<u></u> 5	<u> 4</u>	<u>3</u>	<u>2</u>	<u> </u>		
3. Ability to support others				<u> 5</u>	<u> 4</u>	3	2	<u> </u>		
4. Ability to manage time effective				<u> 5</u>	<u> 4</u>	3	2	<u> </u>		
5. Ability to deal with conflict/prob	lem solve			D 5	<u>4</u>	<u>3</u>	2	<u> </u>		
6. Initiative to complete tasks				<u></u> 5	<u> 4</u>	3	2	<u> </u>		
7. Ability to be resourceful/self-di				<u></u> 5	<u>4</u>	3	2	<u> </u>		
8. Willingness to receive feedbac	.K			<u> </u>	<u> 4</u>	3	2	<u> </u>		
9. Interpersonal skills				<u> </u>	<u> 4</u>	3	2	<u> </u>		
10. Overall assessment PLEASE PROVIDE AN ASSESSMENT O	E THE ADDITION	T'S DEDSONAL OU	ALIFICATIONS	□ 5		□ 3	□ 2	□ 1		
required, please mark "See attached" a				AND SUITAL	DILII I FUR	UNIVERSIII	STUDT. IF ex	ttra space is		
a) Please describe the applicant's of										
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h) Diago diagon the applicant's w	illinamana ta talu	initiativa								
b) Please discuss the applicant's w	illingness to take	e initiative.								

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c)	Please provide examples of the applicant's interpersonal skills, ability to work in a team environment and support others.
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d)	Please outline the applicant's planning and organizational skills and any other strengths or challenges.
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e)	Please provide any additional information. (Optional)

Reference form may be returned to the applicant to include with their application package, or you may submit the form directly to the following:

> Nipissing University - The Office of the Registrar, Box 5002, 100 College Drive, North Bay ON P1B 8L7 E-mail: admissions@nipissingu.ca

Fax: 705-495-1772

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^{*}If document is emailed, please note that for the Professional Referee, the email must come from a professional email address.

^{**}Inquiries regarding the reference form can be forwarded to the Office of Indigenous Initiatives by email to indigenousprograms@nipissingu.ca or by phone at 705-474-3450 ext. 4772.

Protection of Privacy
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INDIGENOUS TRANSITION **PROGRAMS**

September 2025

Fax: (705) 495-1772

E-mail: admissions@nipissingu.ca

REFERENCE FORM

Website: www.nipissingu.ca/indigenous One personal reference and one professional reference completed by a teacher, guidance counselor, employer or community member is required. Please note that referees may not be a family member. APPLICANT'S NAME REFEREE NAME RELATIONSHIP TO APPLICANT HOW LONG HAVE YOU KNOWN APPLICANT ☐ Yes PROFESSIONAL REFEREE * ■ Yes PERSONAL REFEREE PHONE NUMBER REFREEE MAILING ADDRESS CITY PROVINCE POSTAL CODE E-MAIL REFEREE SIGNATURE DATE PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS: 5 = VERY STRONG, 3=AVERAGE, 1= NEEDS DEVELOPMENT 1. Communication skills, written **5 4 3 2** 2 **5** 2. Communication skills, oral **4 3 2** 2 3. Ability to support others **5 4 3 2** 2 **1 2** 2 4. Ability to manage time effectively **5 4 3 1** 5. Ability to deal with conflict/problem solve **5 4 3 2** 2 **1** 6. Initiative to complete tasks **5 4 1** 3 \square 2 1 7. Ability to be resourceful/self-directed **4 2 5 □** 3 8. Willingness to receive feedback **5 4 3 2** 2 **1** 9. Interpersonal skills **5 4** □ 3 **2** 2 **1** 10. Overall assessment **5 4 3 D** 2 **1** PLEASE PROVIDE AN ASSESSMENT OF THE APPLICANT'S PERSONAL QUALIFICATIONS AND SUITABILITY FOR UNIVERSITY STUDY. If extra space is required, please mark "See attached" and provide responses on a separate document. Please describe the applicant's communication skills (written and/or oral). Please discuss the applicant's willingness to take initiative.

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c)	Please provide examples of the applicant's interpersonal skills, ability to work in a team environment and support others.
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d)	Please outline the applicant's planning and organizational skills and any other strengths or challenges.
′	
e)	Please provide any additional information. (Optional)
'	(

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