

TO BE COMPLETED BY THE STUDENT

PART A - Personal Information:		ID: _____
*Program: _____	Plan: _____	
Last Name: _____	*First Name: _____	
Middle Name: _____	Preferred First Name: _____ <small>(if different than First Name)</small>	
Birth (Maiden) Name: _____	Other (Former) Name: _____	
Social Insurance Number: _____ / _____ / _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	NB Education Number: _____
Medicare Number(NB): _____	Date of Birth: _____ / _____ / _____ <small>yyyy mm dd</small>	
Residency and Citizenship Information:		
What is your citizenship status in Canada (choose one)		
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident/Landed Immigrant	<input type="checkbox"/> Student Visa <input type="checkbox"/> Employment/Other Visa
If you are in Canada on a Student or Other Visa, indicate your country of origin: _____		
Mother Tongue: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify): _____		
Other Languages spoken (specify): _____		
*Home Address (permanent residence):		
Street/Rural Route No/Box No _____		
County (if NB)	City/Town/Village	Province Country Postal Code
Mailing Address (different from home address): <input type="checkbox"/> Same as Home Address OR		
Street/Rural Route No/Box No _____		
County (if NB)	City/Town/Village	Province Country Postal Code
Campus Address (residence while studying): <input type="checkbox"/> Same as Home Address <input type="checkbox"/> Same as Mailing Address OR		
Street/Rural Route No/Box No _____		
County (if NB)	City/Town/Village	Province Country Postal Code
Telephone Number:	Home () _____	Work () _____
	Cellular () _____	Campus () _____
*Preferred Telephone Number (choose one):	<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Campus
E-mail:	Home: _____	
	Work: _____	
	Campus: _____	
*Preferred E-Mail address(choose one):	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Campus	
Person to Contact in Case of Emergency:		
Name: _____	Relationship: _____	Tel. Number: () _____
PART B - Education:		
How did you receive your diploma (choose one)? <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Adult High School <input type="checkbox"/> Other		
High School Attended Name: _____	Location: _____	
Date Last Attended: Year _____ Month _____	Highest grade successfully completed _____	
Most recent College / University / Other postsecondary Education (choose one)		
<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor
PART C - Student Signature:		
I, _____ (print name), agree to comply with New Brunswick Community College's policies and procedures and with the Campus rules and regulations related to training for the training program or course(s) in which I am registered.		
_____	_____	
Student's Signature	Date	
PART D - TO BE COMPLETED BY THE CAMPUS		
NBCC's - _____ campus agrees to fulfill the requirements set out in its policies and procedures related to training.		
Admit Term: _____	Start Date: _____	Duration: _____