

APPLICATION FOR ADMISSION

HOW TO APPLY:

Complete the attached application in full and enclose your application fee, pre-requisite fees if applicable, and tuition deposit with the following documentation:

- High School Diploma or Equivalent.
Note: applicants who do not have a high school diploma or equivalent will be required to complete the Canadian Achievement Survey Test (CAST)
- Completed NIWE Student Budget Sheet.
- Two (2) colour passport-sized photos.
- Current Resume.

You are strongly encouraged to submit in all of the above noted documentation in order to receive your Conditional Acceptance in a timely manner. Applications are processed as they are received and prospective students are assessed and monitored for suitability throughout the Admissions process.

Please note that the Medical Note must not be more than 6 months old at the time the student begins the program and that pre-requisite course certificates are valid for a period of 6 months from completion.

WHEN TO APPLY:

Fall Term 2019 (September):

Winter Term 2020 (January):

Students who have attended a post-secondary institution are responsible for submitting transcripts from each institution attended. One copy of transcripts from all post-secondary institutions is required.

Applicants educated outside Canada should contact the appropriate agency in their area. If your educational transcripts are not printed in English, you must also provide certified English language translations. Translations must be complete, literal, word-for-word and in the same format as the original document.

To ensure processing without delay, please follow the instructions on the application form carefully. A complete application, which meets all requirements, does not constitute a guarantee of acceptance.

Classes may fill months prior to the commencement of classes so every attempt should be made to submit your application as early as possible. Late applications will be accepted until commencement of classes if space is available. Applications received after the class is full but prior to the application deadline date may be placed on a waiting list or may request enrolment in the subsequent class.

PERMANENT OR LEARNING DISABILITY ACCOMMODATIONS

Students who have diagnosed special needs and require accommodations are required to identify themselves as such during the admission process to ensure that necessary and appropriate documentation is submitted.

PRIOR LEARNING ASSESSMENT (PLA)

An applicant who has successfully completed prior post-secondary education that is similar to education taught at NIWE has the ability to request a Prior Learning Assessment (PLA).

It is the applicant's responsibility to request the PLA when submitting their application. PLA's are only done upon receipt of the official request for *Prior Learning Assessment Application*, along with the following supporting documentation:

- a) Official, sealed transcript from the institution where the course(s) were completed,
- b) An outline of the total course hours, from each course being assessed,
- c) Detailed course outlines from the institution for all courses the applicant is seeking equivalency for.

NIWE strives to complete PLA's within three business weeks; however submission of incomplete or irrelevant documentation and information will cause a delay in processing.

The PLA will determine whether a student will be exempt from courses within the NIWE program or if they will be required to challenge for course credit by completion of examination(s). In some instances a PLA may result in determining that a student is not eligible for exemption or challenge of any course within the NIWE Massage Therapy program.

NIWE Vocational Training Application Form

PERSONAL DATA – Please complete all of the spaces below. If not applicable to you, indicate “N/A”

Family (Last) Name:	Given/First Name (legal):	Middle Name:
De Leon	Leslie	Yamilda
Previous /Maiden Name (if applicable):	Email Address:	
	leslie@niwe.ca	Calgary
Permanent Address:	Apt #:	City/Town:
Alberta	T2V0H1	Canada
Province/State:	Postal Code/Zip Code:	Country:
		587-221-8566
Telephone – Home:	Telephone – Business:	Telephone – Cell:
1985/02/11		
Birth Date: (year, month, day)	Gender:	First Language (must complete):
(y)____/(m)____/(d)____	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Spanish
Residency Status:		Date of Entry into Canada (if applicable):
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input checked="" type="checkbox"/> Study Permit <input type="checkbox"/> Other Visa		(year) <u>2017</u> (month) <u>08</u>

EDUCATION RECORD

High School Attended / Attending	City/Town:	Province/Country:
S.o.S.S	Oliver	British Columbia
Start Date and End Date:	Grade Level Achieved or Will Achieve:	Diploma Received or Expected:
(y) <u>1997</u> / (m) <u>09</u> (y) <u>2003</u> / (m) <u>06</u>	12	<input type="checkbox"/> Yes <input type="checkbox"/> No
Most Recent Post Secondary Institute	City/Town and Province/Country:	Length of Time Attended (years)
John Casablanca	Full Diploma	Hair Design
Start Date and End Date:	Level Achieved (Certificate/Diploma/Degree):	Program/Faculty:
(y)____/(m)____ (y)____/(m)____		
Other Post Secondary Institute Attended	City/Town and Province/Country:	Length of Time Attended (years)
Start Date and End Date:	Level Achieved (Certificate/Diploma/Degree):	Program/Faculty:
(y)____/(m)____ (y)____/(m)____		

(NOTE: List all other post-secondary institutions and dates on a separate page if required)

ENROLMENT INTENTIONS

Applying to Attend:
 Full-Time Part-Time Online

Which start date are you applying for: Fall Winter

How will you be funded for tuition?
 Self-Funded Other (please indicate) _____

Are you applying for a Prior Learning Assessment for post-secondary education that is similar to education taught at NIWE?
 Yes No *If yes, complete the Prior Learning Assessment Application Form*

Do you want to self-identify as being a student with a permanent or learning disability that will require academic accommodations for your studies?
 Yes No *If yes, complete the Special Accommodations Request Application Form*

APPLICANT ACKNOWLEDGEMENT:

Your personal information is collected for the purpose of processing your Application for Admission; and, if your application is accepted, to establish and administer necessary records to manage and document your educational experience. If you have any questions on this collection please direct those enquiries to the Admissions Coordinator at the address and phone number on this form.

Signature: Leslie De Leon

Date: April 24, 2017

DECLARATION STATEMENT:

In submitting this application, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to NIWE and if it occurs or is discovered after admission, may be expelled from NIWE.

I further acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrolment at other post-secondary institutions on the application.

Further, in submitting this application, I agree to be governed by the policies, rules and regulations as set forth by NIWE.

Signature: Leslie De Leon

Date: April 24, 2017

WHAT INFLUENCED YOU TO APPLY TO NIWE:

- High School Counselor
- NIWE Admissions Coordinator
- NIWE Student
- High School Career Fair
- NIWE Alumni
- NIWE Open House
- Other Career Fair
- NIWE Website
- Friend or Family

METHOD OF PAYMENT:

- Visa or Mastercard
- Cash or Debit Card (in person only)
- Money Order/Certified Cheque

Card Number: 709988 Leslie De Leon

Expiry Date: 02/19

Cardholder Signature: _____

Name: Leslie De Leon

Application Fee Payable:	\$500.00
Total Amount Due With Application:	<u>\$ 500.00</u>