

**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 Consent to Release Information Form.
  - Copy of Passport with Photo ID.
  - Current Resume.

You are strongly encouraged to submit in all the above noted documentation 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.

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 are 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 NIWE programs.

## NIWE Vocational Training Application Form

PERSONAL DATA – Please complete all the spaces below. If not applicable to you, indicate “N/A”		
<b>Family (Last) Name:</b>	<b>Given/First Name (legal):</b>	<b>Middle Name:</b>
<b>Previous /Maiden Name (if applicable):</b>	<b>Email Address:</b>	
<b>Permanent Address:</b>	<b>Apt #:</b>	<b>City/Town:</b>
<b>Province/State:</b>	<b>Postal Code/Zip Code:</b>	<b>Country:</b>
<b>Telephone – Home:</b>	<b>Telephone – Business:</b>	<b>Telephone – Cell:</b>
<b>Birth Date: (year, month, day)</b>	<b>Gender:</b>	<b>First Language (must complete):</b>
(y)____/(m)____/(d)____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Residency Status:</b>		<b>Date of Entry into Canada (if applicable):</b>
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Study Permit <input type="checkbox"/> Other Visa		(year) _____ (month) _____

EDUCATION RECORD		
<b>High School Attended / Attending</b>	<b>City/Town:</b>	<b>Province/Country:</b>
<b>Start Date and End Date:</b>	<b>Grade Level Achieved or Will Achieve:</b>	<b>Diploma Received or Expected:</b>
(y)____/(m)____   (y)____/(m)____		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Most Recent Post-Secondary Institute</b>	<b>City/Town and Province/Country:</b>	<b>Length of Time Attended (years)</b>
<b>Start Date and End Date:</b>	<b>Level Achieved (Certificate/Diploma/Degree):</b>	<b>Program/Faculty:</b>
(y)____/(m)____   (y)____/(m)____		
<b>Other Post-Secondary Institute Attended</b>	<b>City/Town and Province/Country:</b>	<b>Length of Time Attended (years)</b>
<b>Start Date and End Date:</b>	<b>Level Achieved (Certificate/Diploma/Degree):</b>	<b>Program/Faculty:</b>
(y)____/(m)____   (y)____/(m)____		
<i>(NOTE: List all other post-secondary institutions and dates on a separate page if required)</i>		

ENROLMENT INTENTIONS	
<b>Applying to Attend:</b>	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Online	
<b>Which start date are you applying for:</b>	<b>How will you be funded for tuition?</b>
<input type="checkbox"/> Fall <input type="checkbox"/> Winter	<input type="checkbox"/> Self-Funded <input type="checkbox"/> Other (please indicate) _____
<b>Are you applying for a Prior Learning Assessment for post-secondary education that is similar to education taught at NIWE?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the Prior Learning Assessment Application Form</i>	
<b>Do you want to self-identify as being a student with a permanent or learning disability that will require academic accommodations for your studies?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the Special Accommodations Request Application Form</i>	

**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: \_\_\_\_\_

Date: \_\_\_\_\_

**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: \_\_\_\_\_

Date: \_\_\_\_\_

**WHAT INFLUENCED YOU TO APPLY TO NIWE:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> High School Counselor       | <input type="checkbox"/> High School Career Fair | <input type="checkbox"/> Other Career Fair |
| <input type="checkbox"/> NIWE Admissions Coordinator | <input type="checkbox"/> NIWE Alumni             | <input type="checkbox"/> NIWE Website      |
| <input type="checkbox"/> NIWE Student                | <input type="checkbox"/> NIWE Open House         | <input type="checkbox"/> Friend or Family  |

**METHOD OF PAYMENT:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Visa or MasterCard | <input type="checkbox"/> Cash or Debit Card (in person only) | <input type="checkbox"/> Money Order/Certified Cheque |
|---|--|---|

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Application Fee Payable:	\$500.00
<b>Total Amount Due with Application:</b>	\$ _____