



**NORTHERN TEACHER EDUCATION PROGRAM
NORTHERN PROFESSIONAL ACCESS COLLEGE**

**2017 — 2018
APPLICATION FOR ADMISSION**

Deadline for Application is: March 06, 2017

NORTEP/NORPAC ADMISSION FORM

1. PERSONAL DATA (Please fill out ALL information)

Surname			Mailing Address		
First Name & Middle Name(s)			City / Town / Prov		Postal Code
Former Name(s) (If applicable)			Home Community (If different from above address)		
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Dependants <input type="checkbox"/> Number of Dependants Do not include spouse)	Email		
Place of Birth			Prov	Date of Birth m m d d y y	
Social Insurance No. (9 digits)			Name of Indian Band		Province of Band
			Telephone No. (Home)		(Cell or Business)
			Treaty No. (10 digits)		

2. NAME AND ADDRESS OF NEXT OF KIN

3. NORTHERN RESIDENCY STATUS

Name		Relationship	
Apartment No., Street, Box No.			
City /Town and Province			
Country		Postal Code	
Telephone Number (Home)		(Business)	

Are you a **Northern Resident** (have you lived in northern Saskatchewan for 10 years or half of your life?) Yes No

If Yes, give year and month you became a resident even if it is your birth date. Month _____ Year _____

If Yes, in which communities have you lived and for what length of time?

<u>Community</u>	<u>Length of Time</u>
_____	_____
_____	_____

4. EDUCATION

PREVIOUS AND CURRENT EDUCATION (A complete listing of all secondary and post-secondary education is required.)
Please attach separate listing if necessary.

SECONDARY EDUCATION

Name of High School	City / Province	From		To		Date Diploma / Certificate obtained or expected	None
		month	year	month	year		

POST-SECONDARY EDUCATION – Must include transcripts from each college/university/technical institute.

Name of University / College / Technical Institute	Program / Degree	Town / City, Province	From		To		Degree / Diploma or Certificate obtained	Date Pending
			month	year	month	year		

U of R Student # _____

U of S Student # _____

5. HAVE YOU BEEN REQUIRED TO WITHDRAW FROM A PROGRAM FOR ACADEMIC REASONS WITH ANY EDUCATIONAL INSTITUTION IN THE LAST 20 YEARS? Yes No (*must check one*)

(Please note: It is very important to fill this section out as it can affect admission process)

If Yes, state the date, name and location of institution _____

If you have been required to discontinue from a program please contact Coordinator of Student Services or Registrar about additional requirements.

6. BACKGROUND INFORMATION

Do you speak an Aboriginal language?

CREE Fluently Some None

DENE Fluently Some None

7. ANCESTRY

- Métis
- Status Indian
- Non-Status Indian
- Other (please specify) _____

8. PROGRAM PREFERENCES

Please check off Program Preference

- | | |
|---|--|
| a) Arts and Sciences (NORPAC) | b) Bachelor of Education (NORTEP) |
| ___ Pre-Professional Studies (1 to 3 Years) | ___ Elementary Education |
| ___ Pre-Professional Nursing (1 Year) | ___ Secondary Education
(1 Year required on Campus) |
| ___ Pre-Nutrition (1 Year) | |
| ___ Certificate in Liberal Arts (1 Year) | |
| ___ Diploma in Liberal Arts (2 Years) | |
| ___ Bachelor of Arts (3 Years) | |

9. EMPLOYMENT HISTORY

Are you presently employed? Yes No Employers Name: _____

Position Title: _____

School Related Experience? _____

Please attach a copy of your current resume

10. PLEASE ATTACH A 3 TO 4 PARAGRAPH ESSAY INDICATING YOUR INTEREST IN THE TEACHER EDUCATION PROGRAM OR THE PROFESSIONAL ACCESS PROGRAM. APPLICATIONS WILL NOT BE ACCEPTED UNLESS THIS SECTION IS COMPLETE.

11. TRANSCRIPTS

1. Grade 12 graduates, Adult 12 etc.:
Provide a transcript from the institution that you received your certificate or diploma from (Legible copies are acceptable at this time.)

2. Current Grade 12 students:
*** Provide a recent transcript along with a listing of courses currently in progress.**
You may use the space below and provide a form from your school with a listing of courses currently in progress. The marks indicated below from your school **must be signed by your Guidance Counsellor or Principal.**

COURSES CURRENTLY IN PROGRESS (if any)	CURRENT MARK
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

SIGNATURE: _____
Career Transition Teacher / Guidance Counselor / Principal

12. SPECIAL NEEDS (Optional)

If you have a disability which may require special assistance, please specify.

13. I agree that the information on this application is true and complete in all respects and that no relevant information has been withheld. I understand that withholding requested information in regard to this application may result in delay or jeopardize my application or approval of being processed for NORTEP/NORPAC classes.

DATE _____ Applicant's Signature _____

14. REFERENCES

PROFESSIONAL:

Name _____

Address _____

Phone Number _____

Occupation _____

PERSONAL:

Name _____

Address _____

Phone Number _____

Occupation _____

APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETE WITH THE FOLLOWING INCLUDED:

___ HIGH SCHOOL TRANSCRIPTS & TRANSCRIPTS FROM OTHER POST-SECONDARY PROGRAMS
(legible copies are acceptable)

___ CONFIRMATION FROM PRINCIPAL/OR GUIDANCE COUSSELLORS INDICATING
COURSES COMPLETED IN FIRST SEMESTER AND COURSES REGISTERED IN FOR
SECOND SEMESTER.

___ 3 – 4 PARAGRAPH ESSAY INDICATING PROGRAM CHOICE

___ CURRENT RESUME

****Personal Reference letter is encouraged****

DEADLINE FOR APPLICATION IS: MARCH 06, 2017

OFFICE USE ONLY

RETURN APPLICATION TO:

**ADMISSIONS REGISTRAR'S OFFICE
NORTEP/NORPAC
BOX 5000
LA RONGE, SK S0J 1L0
Phone: (306) 425-4411
Fax: (306) 425-3580**

Date Received - FOR OFFICE USE ONLY