

A non-refundable application fee of \$50.00 must accompany this application form in order for your application to be processed.

GENDER (OPTIONAL) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER GENDER IDENTITY	SURNAME	GIVEN NAME(S)	FORMER SURNAME
MAILING ADDRESS		OEN NUMBER (if known)	
CITY	PROVINCE	POSTAL CODE	E-MAIL
TELEPHONE - Home	TELEPHONE - Cell	DO YOU IDENTIFY AS AN INDIGENOUS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FIRST NATION <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> OTHER	
SOCIAL INSURANCE NUMBER (Optional)	BIRTH DATE MONTH   DAY   YEAR		MARITAL STATUS <input type="checkbox"/> SINGLE, DIVORCED, WIDOWED <input type="checkbox"/> MARRIED, SEPARATED If Documents are in a different name please provide proof of name change
STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA (SPECIFY)		COUNTRY OF CITIZENSHIP	IF NOT BORN IN CANADA, ARRIVAL DATE MONTH   YEAR   FIRST LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER (See back for details)

**AREA OF INTEREST**

DATE OF INTENDED ENROLMENT <input type="checkbox"/> SEPTEMBER 2020	NEW ADMISSION <input type="checkbox"/> READMISSION <input type="checkbox"/>	SECOND DEGREE <input type="checkbox"/> YES <input type="checkbox"/> NO
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REQUIRED SUPPLEMENTAL DOCUMENTS – See reverse or page 2 for further information	DOCUMENTS
TWO PAGE STATEMENT – Explain why you wish to attend university and how you plan to be successful	<input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW
TWO REFERENCE FORMS (One personal and one professional) – *Referees may not be a family member.	<input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW
RESUME – Outlining education, work and volunteer experience	<input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW
COPY OF PROOF OF INDIGENOUS ANCESTRY	<input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW

WILL YOU BE RECEIVING FUNDING? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, OSAP? <input type="checkbox"/> or Band funding? <input type="checkbox"/>	BAND FUNDING DEADLINE DATE:
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LAST SECONDARY SCHOOL ATTENDED	DOCUMENTS
FROM   TO   NAME OF SCHOOL   GRADE COMPLETED   DIPLOMA	<input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW

ALL POST-SECONDARY INSTITUTION(S) ATTENDED (Include all college and university transcripts, even if not considered relevant)		DOCUMENTS
FROM   TO   INSTITUTION   PROGRAM   DIPLOMA/DEGREE		<input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW
FROM   TO		<input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW

EMPLOYMENT OR ACTIVITIES WHEN NOT A FULL-TIME STUDENT			
FROM   TO   EMPLOYER OR NATURE OF ACTIVITY   JOB TITLE / DESCRIPTION			
FROM   TO			

IF YOU HAVE PREVIOUSLY ENROLLED AT NIPISSING UNIVERSITY, PLEASE COMPLETE THIS SECTION		
NIPISSING STUDENT NUMBER:	LAST PROGRAM:	LAST SESSION:

HAVE YOU TAKEN ANY COURSES AT A POST-SECONDARY INSTITUTION SINCE YOUR LAST REGISTRATION AT NIPISSING UNIVERSITY? <input type="checkbox"/> YES - WHAT INSTITUTION(S) _____ <input type="checkbox"/> NO	DOCUMENTS: <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW
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It is your responsibility to ensure that your application and all supporting documentation is truthful, complete and correct. Nipissing University reserves the right to verify any information provided as part of this application. If any information in your application is determined to be false or misleading, concealed or withheld, your application may be invalidated and this could result in its immediate rejection or in the revocation of an offer of admission or registration at the university. Information about a rejection or revocation of your application may be shared with universities and colleges across Canada. The determination of whether an application contains false or misleading information or that you have concealed or withheld information, and with which universities and colleges this information may be shared, is solely at the discretion of the university.

I hereby certify that all personal information and documents submitted are true, correct and complete including my declaration of citizenship and status in Canada.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- Checklist:**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> All Official Transcripts (in sealed envelopes) | <input type="checkbox"/> Completed Application Form (Complete all areas)     | <input type="checkbox"/> Resume                             |
| <input type="checkbox"/> Two Page Statement                             | <input type="checkbox"/> Two Reference forms (1 Personal and 1 Professional) | <input type="checkbox"/> \$50.00 Application Processing Fee |
| <input type="checkbox"/> Copy of Proof of Indigenous Ancestry           | <input type="checkbox"/> Proof of Name Change (if required)                  |   |

OFFICE USE ONLY			
Finance: Amount Paid: _____	Date Paid: _____	Receipt No.: _____	Initials: _____

Student Number
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## INSTRUCTIONS FOR APPLICATION TO THE INDIGENOUS FOUNDATIONS PROGRAM

### ***PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY.***

The Indigenous Foundations Program (IFP) Admissions Committee considers more than just your grades when assessing your application to the program. It is asked that you submit official transcripts (sent directly by school in a sealed envelope), letters of reference and a personal statement. Please see the requirements below. If you have any questions, please contact the Student Success and Development Coordinator at (705) 474-3450 Ext. 4441.

#### **1) 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.

#### **2) APPLICATION FEE**

There is a \$50.00 non-refundable application processing fee due at time of application. **Forms received without payment will not be processed.** Payment can be made at the Finance Office at Nipissing University or by cheque, or money order. Cheques or money orders must be made payable to "Nipissing University".

#### **3) OFFICIAL TRANSCRIPTS**

- a) Your complete academic transcripts indicating the subjects studied, grades achieved and diploma(s)/degree(s) granted must be sent directly by the school to Nipissing University for all institutions (including High School) attended and must bear the official seal of that institution. You must submit all college and university transcripts whether or not they are considered relevant. If any information in your application is determined to be false or misleading, concealed or withheld, your application may be invalidated and this could result in its immediate rejection or in the revocation of an offer of admission or registration at the university. **Photocopies of transcripts are not considered official.**
- b) A proof of name change, if academic documents show a name other than that under which application is made (ie: marriage certificate, divorce decree, etc.)
- c) If the certificates you are submitting are not in English, you will be required to provide notarized English translations together with copies of the original certificates.
- d) 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.

#### **4) ADMISSION REQUIREMENTS for admission to the Indigenous Foundations Program**

- a) Must be of Indigenous ancestry;
- b) Are a Canadian Citizen or permanent resident;
- c) Applicants may also be required to participate in an interview.

##### **Applicants are required to submit:**

- a) Two references forms – Referees must fill out the attached Reference Form.
  - 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.**
- b) An updated resume outlining educational, work and volunteer experience
- c) 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 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 IFP will help you achieve your goals and what your level of interest is in various aspects of Indigenous culture as part of the program.
- d) All official transcripts: secondary and post-secondary

#### **5) DEADLINES**

To allow sufficient time to process the application, we recommend you submit your application, payment and required documents by the following deadline: **August 1, 2020**. Please note that applications may take 3-4 weeks to process before receiving the decision.

Upon receipt of the above, a decision will be made and you will be notified in writing.

**DIRECT ALL DOCUMENTS TO:**  
Nipissing University - The Office of the Registrar,  
Box 5002, 100 College Drive  
North Bay ON P1B 8L7  
(705) 474-3450, ext. 4600  
E-mail: [admissions@nipissingu.ca](mailto:admissions@nipissingu.ca)  
Website: [www.nipissingu.ca/indigenous](http://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 in order to enroll students in their Health Care Plan.

**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	
PROFESSIONAL REFEREE * <input type="checkbox"/> Yes	RELATIONSHIP TO APPLICANT		HOW LONG HAVE YOU KNOWN APPLICANT
PERSONAL REFEREE <input type="checkbox"/> Yes			
REFEREE MAILING ADDRESS			PHONE NUMBER
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**

Area	5	4	3	2	1
1. Communication skills, written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication skills, oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to support others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to manage time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to deal with conflict/problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Initiative to complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to be resourceful/self-directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Willingness to receive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE AN ASSESSMENT OF THE APPLICANT'S PERSONAL QUALIFICATIONS AND SUITABILITY FOR UNIVERSITY STUDY.**

a) Please describe the applicant's communication skills (written and/or oral).

b) Please discuss the applicant's willingness to take initiative.

c) Please provide examples of the applicant's interpersonal skills, ability to work in a team environment and support others.

d) Please outline the applicant's planning and organizational skills and any other strengths or challenges.

e) Please provide any additional information. *(Optional)*

Reference form may be returned to the applicant to include with 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  
(705) 474-3450, ext. 4600  
E-mail: [admissions@nipissingu.ca](mailto:admissions@nipissingu.ca)  
Fax: 705-495-1772

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

\*\*Inquiries in regard to the reference form can be forwarded to the Office of Indigenous Initiatives by email to [indigenousprograms@nipissingu.ca](mailto:indigenousprograms@nipissingu.ca) or by phone at 705-474-3450 ext.4441.

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