



# INDIGENOUS EDUCATION PROGRAMS APPLICATION

Box 5002, 100 College Drive, North Bay, ON P1B 8L7  
 Phone: (705) 474-3450, Ext. 4522 Fax: (705) 495-1772  
 E-mail: iep@nipissingu.ca Internet: www.nipissingu.ca

NEW ADMISSION:  RE-ADMISSION:

**\*\*IMPORTANT\*\* APPLICATION DEADLINE: JUNE 1, 2021. We reserve the right to cancel courses with insufficient enrolment after this date.**

SURNAME		FIRST NAME		FORMER NAME (if applicable)	
MAILING ADDRESS					
CITY		PROVINCE		POSTAL CODE	
TELEPHONE		BUSINESS NUMBER		FAX	
E-MAIL		SOCIAL INSURANCE NUMBER (Optional)		BIRTH DATE	
				MONTH	DAY
				YEAR	
<b>MARITAL STATUS</b> <input type="checkbox"/> SINGLE, DIVORCED, WIDOWED <input type="checkbox"/> MARRIED, SEPARATED If Documents are in a different name please provide proof of name change.		<b>ARE YOU AN INDIGENOUS PERSON?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify: <input type="checkbox"/> FIRST NATION <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> OTHER		<b>STATUS IN CANADA</b> <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA (Specify)	
		<b>COUNTRY OF CITIZENSHIP</b>		<b>IF NOT BORN IN CANADA, ARRIVAL DATE</b>	
				<b>FIRST LANGUAGE</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER	

**PROGRAM:** Please indicate intended program and part of study.

<input type="checkbox"/> INDIGENOUS CLASSROOM ASSISTANT DIPLOMA PROGRAM (ICADP)	<input type="checkbox"/> PART 1	<input type="checkbox"/> PART 2
<input type="checkbox"/> INDIGENOUS TEACHER EDUCATION PROGRAM (ITEP) <b>** (see below)</b>	<input type="checkbox"/> PART 1	<input type="checkbox"/> PART 2
<input type="checkbox"/> TEACHER OF INDIGENOUS LANGUAGE AS A SECOND LANGUAGE (TILSL)	<input type="checkbox"/> PART 2	

**\*\* INDIGENOUS TEACHER EDUCATION PROGRAM, PART 1 ONLY**

**DOCUMENTS**

<b>MUST SUBMIT PROOF OF INDIGENOUS ANCESTRY:</b> <input type="checkbox"/> FIRST NATION STATUS <input type="checkbox"/> FIRST NATION NON-STATUS <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT	<input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW
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<b>MUST SUBMIT ONE-PAGE TYPED STATEMENT - outlining the reasons for applying to the ITEP</b>	<input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW
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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
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**ALL POST-SECONDARY INSTITUTION(S) ATTENDED**

**DOCUMENTS**

FROM	TO	INSTITUTION	PROGRAM	DIPLOMA/DEGREE	<input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE <input type="checkbox"/> TO FOLLOW
					<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

**IF YOU HAVE PREVIOUSLY ENROLLED AT NIPISSING UNIVERSITY, PLEASE COMPLETE THIS SECTION**

NIPISSING STUDENT ID OR NUMBER:	LAST PROGRAM:	LAST SESSION:
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<b>HAVE YOU TAKEN ANY COURSES AT A POST-SECONDARY INSTITUTION SINCE YOUR LAST REGISTRATION AT NIPISSING UNIVERSITY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT INSTITUTION(S)	<b>DOCUMENTS</b> <input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW
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I HEREBY CERTIFY THAT ALL STATEMENTS ARE CORRECT AND COMPLETE INCLUDING MY DECLARATION OF CITIZENSHIP AND STATUS IN CANADA. I UNDERSTAND THAT I MAY HAVE TO PROVIDE DOCUMENTATION AT SOME FUTURE DATE TO SUBSTANTIATE MY CLAIM AND THAT ANY MISREPRESENTATION OF THIS DATA MAY RESULT IN THE CANCELLATION OF MY ADMISSION OR REGISTRATION STATUS.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 FOR OFFICE USE ONLY: (Please see over for instructions)

STUDENT ID	START TERM	ACAD. PROGRAM
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# APPLICATION FOR INDIGENOUS EDUCATION PROGRAMS

*PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY.*

The following documentation is required to be considered for admission. Please forward all documentation by e-mail to [iep@nipissingu.ca](mailto:iep@nipissingu.ca), if possible.

1. **APPLICATION FORM – DUE BY JUNE 1<sup>st</sup>, 2021**

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 require assistance or have questions regarding this application.

2. **DOCUMENTATION (if not previously submitted)**

- (a) **Official** transcripts from all institutions (domestic or international) previously or presently attended, secondary schools, colleges and universities must be sent directly to Nipissing University and must bear the official seal of that institution. Official transcripts e-mailed directly from the institution are acceptable. Copies will not be accepted.
- (b) ITEP, Part 1 Applicants: must provide proof of Indigenous ancestry and a one-page typed statement that outlines the reasons for applying to the Indigenous Teacher Education Program.
- (c) Proof of name change, if academic documents show a name other than that under which application is made (i.e. marriage registration, notarized statements of legal name change or other legal documents).

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

**Direct all inquiries and documents to:**

Nipissing University  
The Office of the Registrar  
Box 5002, 100 College Drive  
North Bay ON P1B 8L7

E-mail: [iep@nipissingu.ca](mailto:iep@nipissingu.ca)  
Website: [www.nipissingu.ca](http://www.nipissingu.ca)

**Note:** Neither this application nor supplementary acknowledgement material constitutes an offer of admission. Successful candidates will receive an offer letter 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.



**INDIGENOUS PROGRAMS  
FUNDING SPONSORSHIP INFORMATION**

*\*\* To be completed by Sponsor, if applicable \*\**

STUDENT INFORMATION		
Student Name	Student ID	Program
FUNDING SPONSORSHIP INFORMATION		
Name of Sponsor		
Name of Contact		
Position		
Phone	Fax	
Sponsorship: Pending <input type="checkbox"/> Approved <input type="checkbox"/>		
<i>* Students who are not sponsored are responsible for the payment of all fees prior to the start of the Program.</i>		
Please indicate who will be responsible for the payment of the fees listed below:		
Fees	Sponsor Approved	Student Responsible
Tuition Fees	<input type="checkbox"/>	<input type="checkbox"/>
Residence Fees (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Residence Damage Deposit (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
<b>IMPORTANT: If student is sponsored, an official Sponsorship Letter <u>MUST</u> be submitted.</b>		
Sponsorship Letter:    Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/>		
Sponsor's Signature (required)		Student's Signature
Date		Date

**FORWARD THIS COMPLETED FORM BY ONE OF THE FOLLOWING METHODS (e-mail preferred):**

**E-MAIL:** [iep@nipissingu.ca](mailto:iep@nipissingu.ca)

**FAX:**

Nipissing University  
Student Financial Services  
Fax: (705) 474-5295

**MAIL:**

Nipissing University  
Student Financial Services  
Box 5002, 100 College Drive  
North Bay ON P1B 8L7