



# Dual Credit Application/Registration

School Division: \_\_\_\_\_

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

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ Term: **1 or 2**

(Circle One)

Enroll in all courses for the Dual Credit offering for the above program

### Personal Information

Date of Birth  Male

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last Name) (First Name) (Middle Name) Mo D Yr.  Female

### Mailing Address

\_\_\_\_\_  
(Street or PO Box Address) (Town & Province) (Postal Code)

(\_\_\_\_) (\_\_\_\_) (\_\_\_\_)  
Home Phone Number Cell Phone Number Alternate Phone Number Email address

### Declaration of Applicant and Consent to Release Information

For my enrolment in the above program and offering dates, I give consent to Northern Lakes College to release educational information to:

School Division: \_\_\_\_\_

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

Relationship to student:  Parent  Guardian  Other (specify) \_\_\_\_\_

I certify that the information provided is true and complete in all respects and that no information has been withheld. I understand that falsifying or omitting documents of information on this application will result in immediate and permanent dismissal from the College or a rejected application. I agree, if admitted to Northern Lakes College, to comply with all rules and regulations of the College.

I authorize Northern Lakes College, should I attend, to disclose relevant personal information from this form as required:

- To its contracted agents or societies, award donors, funding agents and other post-secondary institutions for the purpose of confirming my enrolment and to determine my eligibility for services.
- To the Department of Enterprise and Advanced Education for statistical, funding, planning, or research purposes, and to obtain a statement of marks or student identification number(s).
- To release information regarding my attendance and progress to my funding agency/agencies.

**I understand and agree to abide by the terms and conditions as provided to me regarding rights and responsibilities and schedule for classes.**

Student Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Student signature Date

Parent/Guardian Name: \_\_\_\_\_  
(Please Print – required if Student is under the age of 18)

\_\_\_\_\_  
Parent/Guardian signature Date

Your personal information is collected under the authority of the Post-Secondary Learning Act, Section 118(1) and the Freedom of Information and Protection of Privacy Act, Section 33(c) and is protected under the latter Act. Information on this form is used to determine your eligibility for program(s) or service(s), manage your enrollment, and generate statistics and reports. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator at (780) 751-3259.



# Dual Credit Consent and Release

## 1. Photography

I consent to be photographed by Northern Lakes College herein referred to as the "College" and the School Division indicated on application & enrolment documents, herein referred to as the "School Division."

I consent to my personal information in the photograph(s) of me being used by the College and the School Division for promotional purposes, including public display or publication in the College's Calendar, the College's or the School Division's Annual Report, in College or School Division brochures or on the College's or School Division's website.

I waive my right to approve the use by the College or the School Division (*or their photographer*) of any photograph or photographic image of me. I release the College and the School Division from any and all claim(s) for loss or damage of any kind arising from the use by the College or School Division (*or their photographer*) of any photograph(s) or photographic image(s) of me.

I am signing this Photography Consent and Release voluntarily and acknowledge that neither the College nor the School Division (*nor their photographer*) has made any representation or promises to me as to the use of any photograph(s) taken.

## 2. Acceptable Use of Computer Technology Agreement

I accept the responsibility, as long as I am a student in the above program, to abide by the POLICY FOR ACCEPTABLE USE OF COMPUTER TECHNOLOGY:

- To use the computers and networks for the purposes of education and research, consistent with educational objectives of the Northern Lakes College.
- To access the Internet only with permission of the responsible teacher.
- To be considerate of other users on the computers and networks and use appropriate language for school situations as indicated by the College Code of Conduct.
- Not knowingly degrade or disrupt the Northern Lakes College's computers and networks, and Internet network services or equipment, or contravene any provincial or federal laws regarding computer use. (Note: Such activities include, but are not limited to, tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, and violating copyright laws.)
- To immediately report any problems or breaches of these responsibilities to the responsible teacher/instructor.

*I understand that any conduct that is in conflict of these responsibilities will result in disciplinary action, which may include termination of access to Northern Lakes College's computers and Internet.*

## 3. Blackboard Collaborate & Distance Learning sessions Release

Blackboard Collaborate and distance learning sessions may be recorded (Section 1 (q) "record" of the Freedom of Information and Privacy (F.O.I.P.) Act) by the College and is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33 (c) of the F.O.I.P. Act. The College may use this information under Part 2, Division 2, Section 39(1) (a) and disclose this information under Section 40(1) (b), (c), and (d) for review by students who missed a class or session, for instructors to compare sessions and for supervisors to evaluate the performance of instructors. The privacy of this information is protected of the FOIP Act.

Any questions about the collection and use of this information contact the Registrar's Office at 1.866.652.3456 or e-mail [FOIPcoordinator@northernlakescollege.ca](mailto:FOIPcoordinator@northernlakescollege.ca)

Authorization for the above use and disclosure is required by all students attending programs. *I agree to the above conditions regarding the recording and use of Blackboard Collaborate Sessions and agree to abide by the Acceptable use of Computer Technology Policy as stated above.*

## 4. Learning Accommodations

If learning accommodations are required, documentation must be presented prior to the start of the program. I give consent to both my school division and NLC to release educational information and/or diagnostic assessments necessary for programming.

**STUDENT NAME:** \_\_\_\_\_  
*(Please Print)*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_  
*(If student is under 18 years of age)*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_  
First
Last

Northern Lakes College Program/Course: \_\_\_\_\_

- The above is authorized to enroll in the program/course listed at Northern Lakes College as a participant in the Dual Credit Program. The student is approved for participation and meets or exceeds the entrance requirements.*

If the student does not currently meet the program entrance requirements, please indicate when they are to be enrolled in the academic prerequisite courses.

Term 1 Enrolled Course(s)	Term 2 Enrolled Course(s)

**Special Services and Accommodations**

Are special services or accommodations required for this student?

- Yes – The School Representative will contact NLC’s Learner Success Services at [purchaset@northernlakescollege.ca](mailto:purchaset@northernlakescollege.ca)
- No

**Financial Invoices**

Where should the College send the financial invoice?

- School Division
- Student
- Split the invoice Explain \_\_\_\_\_

**Student Documentation and Concerns/Issues**

Who should the College contact in regards to sending student documents or concerns/issues directly regarding the student?

School Division:	
School Representative Name and Title:	
Phone Number:	
Email Address:	
Signature:	
Date:	

Completed applications or questions regarding this form should be directed to:  
[DualCredit@northernlakescollege.ca](mailto:DualCredit@northernlakescollege.ca) or call 1-866.652.3456



# Dual Credit Enrolment Form

Student Name: \_\_\_\_\_  
(first) (last)

NLC Student ID# OR Birthdate: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

- Enroll in all mandatory courses for the above program during the academic year. OR
- Enroll in the following courses for the above program

Enroll in the following courses

COURSE CODE	COURSE NAME	START DATE

\_\_\_\_\_  
Student Signature

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

Verified as correct \_\_\_\_\_  
Secondary School Representative (Name)

\_\_\_\_\_  
Secondary School Representative (signature)

\_\_\_\_\_  
NLC Staff or Client Services Representative

\_\_\_\_\_  
Date of Enrolment (student start date)

*Your personal information is collected under the authority of the Post-Secondary Learning Act, Section 118(1) and the Freedom of Information and Protection of Privacy Act, Section 33(c) and is protected under the latter Act. Information on this form is used to determine your eligibility for program(s) or service(s), manage your enrollment, and generate statistics and reports. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator at 1.780.751.3259.*

Please email the completed form to [Dualcredit@northernlakescollege.ca](mailto:Dualcredit@northernlakescollege.ca)