

# **Dual Credit Application Form**

# Submit completed forms to dualcredit@northernlakescollege.ca

| Personal Information                         |  |                        |                     |                   |                    |  |
|--|--|------------------------|---------------------|-------------------|--------------------|--|
|  |  |                        |                     |                   |                    |  |
| (Last Name)                                  | (First Name)   | (Middle Name)          | (Date<br>Birtl      |                   | Gender             |  |
| Hoodie Size                                  |  |                        |                     |                   |                    |  |
|  | ge provides a complimentar                                       | y NLC hoodie to accept | ed Dual Cr          | edit stude        | ents.              |  |
| Mailing Address                              |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
| (Street or PO Box Address)                   |  | (City)                 | (Prov               | ince)             | (Postal Code)      |  |
|  |  |                        |                     |                   |                    |  |
| Phone Number                                 | Email Ac   |                        | ss Residency Status |                   |                    |  |
| -  | earning accommodations ar  |                        | represent           | ative mus         | t contact NLC's    |  |
| •  | at accessibilityservices@no                                      | rthernlakescollege.ca. |                     |                   |                    |  |
| Program Application                          |  |                        |                     |                   |                    |  |
| Program Name                                 |  | Start Term             |                     |                   |                    |  |
|  | oduction to Surveying, and                                       |                        | complete t          | he Course         | Code Section       |  |
| (below). Students will<br>Course Code - Name | be automatically enrolled i                                      | n all courses.         |                     |                   | Term               |  |
| Course Coue - Marine                         |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
| School Division Inform                       | mation   |                        |                     |                   |                    |  |
| School Division                              |  | School                 |                     |                   |                    |  |
| Student Support Pers                         | on:  |                        |                     |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
|  | Name   |                        | Title               |                   |                    |  |
|  |  |                        |                     |                   |                    |  |
| Pł   |  | Email Address          |                     |                   |                    |  |
| School Division Invoid                       | ce Information (if different                                     | from above)            |                     |                   |                    |  |
| Name:  |  | Email:                 |                     |                   |                    |  |
| I verify that the above                      | e information is correct:  |                        |                     |                   |                    |  |
|  |  |                        | •                   | •                 | tative (Signature) |  |
| -  | ge invoices the full tuition an<br>Ibmitted with the application |                        | vision unles        | ss the <b>Dua</b> | I Credit Invoice   |  |



#### **Dual Credit Consent and Release**

## VIDEO AND/OR PHOTOGRAPHY CONSENT AND RELEASE

Photographs and/or video taken by the College constitute a collection of personal information under the authority of the Post-Secondary Learning Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act (F.O.I.P) and is protected under the latter Act. I consent to my personal information being used by the College for promotional purposes, including public display or publication in the College's Calendar, the College's Annual Report, in College brochures, on the College's web site or other social media sites. If I wish to withdraw my consent at any time I may do so in writing by contacting the FOIP Coordinator at (780) 751-3259 or email at <u>foipcoordinator@northernlakescollege.ca</u>. I waive my right to approve the use by the College (or its photographer/videographer) of any video, photograph or photographic image of me. I release the College from any and all claim(s) for loss or damage of any kind arising from the use by the College (or its photographer/videographer) of any video(s), photograph(s) or photographic image(s) of me. I am at least 18 years of age. I am signing this Video and Photographer) has made any representation or promises to me as to the use of any photograph(s) or video(s) taken.

## ACCEPTABLE USE OF TECHNOLOGY

I accept the responsibility, as long as I am a student in the above program, to abide by the ACCEPTABLE USE OF INFORMATION TECHNOLOGY REGULATIONS: To use the computers, communication networks and internet for the purposes of education and research, consistent with educational objectives of Northern Lakes College; To be considerate of other users on the computers and networks and use appropriate language for college 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.) Immediately report any problems or breaches of these responsibilities to your Northern Lakes College 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, network and Internet.

## Virtual Classroom tools & Distance Learning sessions Release:

Virtual online classroom 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 by the FOIP Act. By attending and using virtual online classroom sessions you provide consent to be recorded in sessions for the purposes stated. Authorization for the Acceptable use of Technology Policy and Virtual Online Classroom Sessions is required by all students attending programs

I agree to the above conditions regarding the recording and use of Virtual Online Classroom Sessions and agree to abide by the Acceptable use of Information Technology Policy as stated above.



#### 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.

## DECLARATION OF APPLICANT AND CONSENT TO RELEASE INFORMATION

I certify that the information provided to Northern Lakes College (the "College") is true and complete in all respects and that no information has been withheld. I understand that falsifying or omitting documents or information on this application will result in immediate and permanent dismissal from the College or a rejected application. I agree, if admitted to the College, to comply with all rules and regulations of the College, and any amendments made to such rules and regulations from time to time. I consent to the collection and use of the information provided by me for the purpose of allowing the College to assess my application, and to collect personal information about me from sources other than myself as required to assess my application. I authorize the College to disclose my personal information from my application or otherwise gathered or generated by the College, as required: To its contracted agents, partners, societies, sub-contractors, award donors, funding agents, and other post-secondary institutions for the purpose of confirming my enrolment and to determine my eligibility for programs and services, and for the purpose of delivering programs and services; To the Government of Alberta for statistical, funding, planning, or research purposes, and to obtain a statement of my academic record, including marks or student identification number(s); To release information regarding my attendance, academic standing and progress to any funding agency/agencies. As permitted or required by law. I understand that application and consent to release of information is only valid for the academic year in which it was completed except for e-Step students, whose application and consent remains valid for 12 months from the admission date.

| Student Name:   |        |              |                    |               |      |
|---|--------|--------------|--------------------|---------------|------|
| (Last Name)   |        | (First Name) |                    | (Middle Name) |      |
|   |        |              |                    |               |      |
| Student Signature                                       |        |              |                    |               | Date |
| Parent/Guardian Na                                      | ame :  |              |                    |               |      |
| (If student is under 18 (Please Print)<br>years of age) |        |              |                    |               |      |
|   |        |              |                    |               |      |
| Parent/Guardian Signature                               |        |              |                    |               | Date |
| Relationship to student:                                | Parent | Guardian     | Other<br>(specify) |               |      |

Submit completed Dual Credit Application form to <u>dualcredit@northernlakescollege.ca</u>



Questions regarding this form are to be directed to the identified Form Administrator.

| Related Northern Lakes College | Academic – Academic Standards – GRADES Regulation |  |  |
|--------------------------------|---|--|--|
| Documents:                     | NLC-RO228 Dual Credit Invoicing Form              |  |  |
|                                | NLC-RO119 Dual Credit Course Change Form          |  |  |
| Form Owner:                    | Registrar   |  |  |
| Form Administrator:            | Administrative Assistant, Registrar               |  |  |
| Approved By:                   | President's Advisory Team                         |  |  |
| Approval Date:                 | February 12, 2025                                 |  |  |
| Effective Date:                | February 12, 2025                                 |  |  |
| Revision History:              | February 12, 2025: NEW                            |  |  |

The personal information that you provide to Northern Lakes College is collected under the authority of the *Post-Secondary Learning Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) ("FOIPPA"). The information will be used and disclosed for purposes including Dual Credit enrolment. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with FOIPPA and may be reviewed subject to the provisions of the Act. Questions regarding the collection, use, and disclosure of personal information can be directed to: Registrar, registrar@northernlakescollege.ca, or FOIP Coordinator, 780-751-3259 or foipcoordinator@northernlakescollege.ca.