FACULTY OF EDUCATION APPLICATION FOR ADMISSION OR RE-ADMISSION
INDIGENOUS TEACHER EDUCATION PROGRAM (NITEP) - ENTRY 2020

A. PERSONAL DATA

Last attendance at UBC in Faculty/School of _____ Year_____ Session_____

UBC Student Number		Sex (please check): ☐ Male ☐ Female	
Last or Family Name		First or Given Name	
Middle Name		Preferred Name	
Address – Apt. # and Street			
City or Town		Province/Territory/State	
Country		Postal Code	
Area Code and Home Phone Number		Area Code and Work Phone Number	
Email Address			
Date of Birth: Year/Month/Day	Country of Birth	First Language	Canadian Social Insurance #

B. CITIZENSHIP OR IMMIGRATION STATUS

Permanent residents who are not Canadian citizens must submit proof of immigration with application.

☐ Canadian Citizen ☐ Student Authorization ☐ Visitor or other visa

☐ Permanent Resident - Please specify the following Date of entry to Canada _____ /_____ Country of Citizenship_____
year month

C. PROGRAM OPTIONS

Choose one program option and one Field Centre

☐ NITEP Elementary Option ☐ NITEP Secondary Option: Teachable Areas _____ _____

Field Centre: ☐ On Campus–UBC Vancouver (Year 1) ☐ Re-admission to UBC Vancouver (Years 2, 3 or 4) ☐ Professional Year, Cariboo

D. ACADEMIC HISTORY

Have you ever failed a year or been required to withdraw from UBC or another college or university? ☐ No ☐ Yes

If yes, please name the institution: _____

Have you ever begun a teacher education program but not completed it? ☐ No ☐ Yes If yes, please give details on a separate sheet.

LAST SECONDARY SCHOOL ATTENDED

Name of School	City/Province/Country	Grade Level	Graduation Date

ALL POST SECONDARY INSTITUTIONS ATTENDED OR CURRENTLY ATTENDING – MOST RECENT FIRST

Name of School	Province/Country	From	To	Degree/Diploma Earned	Date	Student Number

E. REFEREES

Please name two persons unrelated to you whom you have requested to provide a confidential reference report on your behalf.

1. _____ 2. _____

F. DECLARATION OF APPLICANT

I agree that, if in reading and completing this application, including supplementary application forms, I knowingly or carelessly provided untrue or incomplete information (a) any offer of admission, whether accepted or not, may be withdrawn by the University; (b) I may be required to withdraw from any program or course in which I am enrolled; and (c) I may be subject to academic discipline.

I agree that the University may verify the information provided by contacting the relevant institutions, referees, and/or the Teacher Regulation Branch.

I agree that information on falsified documents is shared with the Association of Universities and Colleges of Canada.

I agree, if admitted to the University, to comply with all rules and regulations of the University, present or future.

SIGNATURE: _____ DATE: _____