



**FACULTY OF EDUCATION APPLICATION FOR ADMISSION OR RE-ADMISSION  
NITEP, INDIGENOUS TEACHER EDUCATION PROGRAM - ENTRY 2024 and 2025**

**A. PERSONAL DATA**

Last attendance at UBC in Faculty/School of \_\_\_\_\_ Year \_\_\_\_\_ Session \_\_\_\_\_

UBC Student Number		Sex (please check): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Two Spirit <input type="checkbox"/> Other <input type="checkbox"/> Not Specified	
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/Middle Years Option       NITEP Secondary Option: Teachable Areas \_\_\_\_\_ / \_\_\_\_\_  
Field Centre:  On Campus - UBC Vancouver (Year 1)  
 On Campus - UBC Vancouver (Re-admit, Year 2, 3 or 4)

**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:** \_\_\_\_\_