



NITEP, Indigenous Teacher Education Program
Faculty of Education, The University of British Columbia
200-2008 Lower Mall, Vancouver, BC, V6T 1Z2



NITEP Supplemental Application

Name _____
Surname First Name Middle Initial(s)

Maiden name or surname previously used if different from above: _____

Preferred Name: _____

Email address (**mandatory**): _____

Date of Birth: _____/_____/_____
Year Month Day

Do you identify yourself as an Aboriginal person? Yes No

If yes, are you: First Nations Metis Inuit

Please choose one: Status Non-Status

Home Band/Tribal Affiliation _____

Home Community _____

Language(s) _____

Select an option: Elementary/Middle Years
 Secondary: Teachable Subjects _____/_____

Which field centre do you wish to attend:

On Campus – UBC Vancouver (Year 1)

Re-admission to Years 2, 3 or 4 – UBC Vancouver

