



2011 - 2012

COURSE APPLICATION PACKAGE

Submit to your Secondary School
Career Education Contact or Coordinator

**South Island Partnership
(SIP)**



Saanich Schools



For SIP Information Contact:
Phone: 370-4827
Email: lync@camosun.bc.ca

South Island Partnership (SIP)

LYNC COURSE APPLICATION INFORMATION

GETTING STARTED

- Interested students and parents meet with a school career coordinator/counsellor to discuss LYNC course options and understand how they are delivered.
- Visit our website: www.Camosun.ca/Lync. Questions can be directed to your school career coordinator/counsellor or SIP office 250-370-4827, e-mail lync@camosun.bc.ca

HOW TO APPLY (please complete all forms in ink)

- See your school career coordinator/counsellor for a LYNC Application Package and any assistance you may need to complete and submit it. (ACE IT trades students will also fill out an Industry Training Authority (ITA) Apprentice/Sponsor registration).
- Return the completed application package to your school career coordinator/counsellor for submission to:

SIP Office, Camosun College, 4461 Interurban Rd. Victoria, BC V9E 2C1
or via Fax: 250-370-4428 (only when payment is made with a credit card).

The SIP Office is located at the Interurban Campus, Jack White Building room 105C.

- Where applicants exceed capacity, a waitlist may be established.

APPLICATION SUBMISSION CHECKLIST (please complete all forms in ink)

- Completed LYNC Application Form
- Permission to Release Information (a college requirement)
- Student Education/Transition Plan to be completed, and signed
- Transcript of marks for the last completed year including grade ten
- Student Statement of Commitment (program applicants only)
- Responsibility Agreement
- Student Research - Information Interview with an employer (program applicants only)
- Student Resume and/or Work Experience Evaluation Form (program applicants only)
- \$36.41 Camosun College Application Fee
- Sponsorship form if tuition is being paid by your School District
- Tuition (if applicable) or Sponsorship form if tuition will be paid by your school district. NOTE: Tuition Fees can no longer be paid by credit card

NOTE: You are responsible for the \$36.41 application fee, textbooks, equipment and supplies. Fees may change without notice.

Program Acceptance Disclaimer: These programs may or may not be governed by Camosun College's policies on admission and academic progress and promotion.



South Island Partnership
 Camosun College
 4461 Interurban Rd.
 Victoria BC V9E 2C1

250-370-4827 LYNC@camosun.ca



Have you applied to or attended Camosun College before?

Yes

No

If yes, what is your
 Camosun College
 Student Number?

C _ _ _ _ _

LYNC APPLICATION FORM

PERSONAL INFORMATION (please print clearly)

LEGAL LAST NAME	FORMER LAST NAME (if applicable)		
MIDDLE NAME(S) <input type="checkbox"/> Check if you have none	LEGAL FIRST NAME		
PREFERRED FIRST NAME (if applicable)	SOCIAL INSURANCE NUMBER (optional*) _ _ _ - _ _ - _ _ _		
CITIZENSHIP STATUS <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/Landed Immigrant (documentation required) <input type="checkbox"/> Other – please contact the SIP office	*While it is not mandatory that you supply us with your SIN, it helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.		
	DATE OF BIRTH _ _ / _ _ / _ _ _ _	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	

CONTACT INFORMATION

STUDENT NUMBER/STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
STUDENT HOME TELEPHONE NUMBER _ _ _ - _ _ _ - _ _ _	STUDENT CELL PHONE NUMBER _ _ _ - _ _ _ - _ _ _	STUDENT EMAIL ADDRESS <i>Your email address is required so that we may communicate important information to you.</i>	
PARENT/GUARDIAN NAME	PARENT/GUARDIAN PHONE NUMBER _ _ _ - _ _ _ - _ _ _		
EMERGENCY CONTACT NAME	RELATIONSHIP TO STUDENT	EMERGENCY CONTACT PHONE NUMBER _ _ _ - _ _ _ - _ _ _	

PROGRAM /COURSE CHOICE

PROGRAM	PROGRAM LOCATION	PREFERRED START DATE _ _ / _ _	<input type="checkbox"/> ACE IT Apprenticeship <input type="checkbox"/> ACE IT Foundation
COURSE	COURSE LOCATION	COURSE START DATE _ _ / _ _	
COURSE	COURSE LOCATION	COURSE START DATE _ _ / _ _	
COURSE	COURSE LOCATION	COURSE START DATE _ _ / _ _	
COURSE	COURSE LOCATION	COURSE START DATE _ _ / _ _	

ACE IT TRADES APPLICANTS ONLY

Trade	Employer Name	Employer Phone	ITA Registration #
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SECONDARY SCHOOL (HIGH SCHOOL) INFORMATION

BC Personal Education Number (PEN) if known _ _ _ _ _	GRADE CURRENTLY ENROLLED IN	EXPECTED GRADUATION DATE _ M M / _ Y Y Y Y
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SECONDARY SCHOOL NAME	TEACHER / COUNSELLOR APPROVAL (signature)	DATE
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TRANSCRIPTS

1. Submit up-to-date high school grade information (unofficial transcript) with this application.
2. To request transfer credit assessment at Camosun College for course(s) taken at another institution to meet prerequisite requirements or credential requirements, you must submit official transcripts. When submitting official paper transcripts they must be in an envelope sealed by the sending secondary (high school). For dated and out-of-province transcripts, you may be required to submit official course outlines. Official transcripts from out-of-country must be accompanied by official course outlines (if in languages other than English, you must include official translations into English).

ACCEPTANCE TO A PROGRAM

All applicants will participate in an interview and orientation prior to acceptance to a **program**. Acceptance is subject to seat availability and completion of prerequisites. Application fees are processed upon acceptance into a program. This does not apply to **course** applications.

VOLUNTARY DISCLOSURE

By completing this section, you indicate you understand that you may be contacted by the school, based on the information you provide.

Are you of **Aboriginal** ancestry? (First Nations, Métis or Inuit) Yes No
 If Yes, are you First Nations Status First Nations Non-Status Inuit Metis

Do you have an Individual Education Plan (IEP), a learning condition or other disability for which you may require additional support services?
 Yes No *If Yes, your next step is to make an appointment with Disability Resource Centre www.camosun.ca/drc 250-370-4049*

WITHDRAWAL POLICY

To avoid a permanent academic record for low achievement, students may withdraw from a course prior to the withdrawal deadline. See course instructor for withdrawal deadline and contact the South Island Partnership office to complete the withdrawal process.

DECLARATION

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165 . The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected, used, and disclosed in compliance with those acts. Except as provided in the foregoing, the personal information collected on this form and other personal information which forms part of your student record will not be disclosed to any other person without your consent. A "Permission to Release Information" form, available from Student Services and camosun.ca, must be signed in order for Camosun College to provide access or release your personal information to any other person. However, Camosun College may be required to release a student's personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or others. For further information, please contact the college's Privacy Officer by phone at (250) 370 – 3016 or by email at brindle@camosun.bc.ca.

Please read the following before signing:

1. I declare that the information contained in this application is to the best of my knowledge complete and correct.
2. I agree to abide by the rules and regulations of the College.
3. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

FEES

APPLICATION FEE

Effective September 2011 – August 2012: \$36.41

Payment of is due with each application

Cheque or Money Order (*attach*) Payable to Camosun College

Visa Mastercard American Express JCB

Card No: _____

Expiry MM / YY

Name of Card Holder:

TUITION FEE

Cheque

Sponsor

Secondary students completing an application to register in a college course are often sponsored by the school district. To confirm sponsorship eligibility see your high school counselor for details.



PERMISSION TO RELEASE INFORMATION AND AUTHORIZATION TO ACT ON MY BEHALF

The *British Columbia Freedom of Information and Protection of Privacy Act* provides that the College may not release any information pertaining to student records to anyone other than the student owner of the record without the student's consent.

Further, the College does not normally allow any person other than the student to conduct student related business with the College on behalf of the student.

In order to allow the South Island Partnership and your parent/guardian to conduct student related business on your behalf, you must complete and submit this form as part of the SIP/LYNC application package.

Student Name: _____
Last Name First Name

Camosun Student #: C (Office Use Only) Date of Birth (mo/day/year): _____

To the Enrolment Services Department:

The following Secondary School _____

and Parent/Guardian _____

have permission to access my student records and conduct student related business on my behalf for the following length of time:

_____ to _____
Program Start Date Program End Date

Student Signature: _____ Date: _____

Questions?

South Island Partnership Phone 250-370-4827
lync@camosun.bc.ca

STUDENT EDUCATION/TRANSITION PLAN

Develop your education plan including the courses required for entry into the program and the dual credit courses you will receive while attending Camosun College or other post-secondary institution.

Note:

1. Ensure you have included and considered your graduation requirements in your Transition plan.
2. You may need to modify your timeline to achieve your graduation requirements & participate in the program.
3. Complete the 3 Year Education/Transition plan in full beginning with your Grade 10 courses.
4. Timetable changes should be made with the approval of your school's Transition Coordinator/Counsellor.
5. Include any Dual Credits and SSA Credits in your predicted credit count.

Name: _____ **High School:** _____

Lync Program: _____ **Date:** _____

Students are required to complete a <u>minimum</u> of 80 credits (equivalent to 20 four-credit courses) in Grades 10 – 12 for graduation. Most students choose to complete more than 80 credits.			
1. Required Courses - 52 credits in courses listed below:			
Course	Credits	Course	Credits
Language Arts 10	4	Language Arts 11	4
Fine Arts or Applied Skills 10, 11, 12	4	Social Studies 11, Civics 11, First Nations 12	4
Science 10	4	Mathematics 11 or 12	4
Mathematics 10	4	Science 11 or 12	4
Physical Education 10	4	Language Arts 12	4
Planning 10	4	* Graduation Transitions 12	4
Social Studies 10	4		
Note: Graduation = Minimum 4 Grade 12 level courses + * Graduation Transitions 12.			
2. Elective Courses – 28 credits Students can choose to complete elective requirements through the Camosun Partnership – Dual Credit Programs/Courses (PSIB Credits) and/or Secondary School Apprenticeship Program (SSA Credits=SSA 11A, 11B, 12A, 12B , available)			

Year		Year		Year		Year
Gr 10 Sem 1	Gr 10 Sem 2	Gr 11 Sem 1	Gr 11 Sem 2	Gr 12 Sem 1	Gr 12 Sem 2	Post-Sec (PSIB)
Total Credits:		Total Credits:		Total Credits:		Total Credits:
Total Credits Predicted (Required + Elective) =				Predicted Graduation Date:		

Student Signature

Parent/Guardian Signature

Teacher/Counsellor Signature