



P.O. Box 1250, Siksika AB T0J3W0
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IYIKINAAMI – SPIRIT HELPER
BACHELOR of SCIENCE in NURSING
INDIGENOUS COMMUNITY ROUTE
Foundational Year

APPLICATION & REGISTRATION FORM

Deadline to Apply – June 15th Annually



EMPOWERING A NATION THROUGH EDUCATION

**IYIKINAAMI – SPIRIT HELPER BACHELOR OF SCIENCE IN NURSING
INDIGENOUS COMMUNITY ROUTE APPLICATION**

Date: _____

Personal Information:

Legal Surname: _____ First Name: _____

Middle Name: _____ date of Birth (M/D/Y): _____

Gender: Male

Female

How do you identify as Indigenous?

Band Name: _____ Treaty #: _____

Metis: _____ Other: _____

Contact Information:

Street/Box Number: _____

City/Town: _____ Province: _____

Postal Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Name of Alternate Contact Person: _____

Phone # for Alternate Contact: _____

ACADEMIC HISTORY:**Secondary Programs:**

Last High School Attended: _____

From (year): _____ to _____ Highest Grade completed: _____

Post Secondary:

1. Name of College or University Attended: _____

Date Attended: From (year): _____ to _____

Degrees/Diplomas/Certificates Granted: _____

2. Name of College or University Attended: _____

Date Attended: From (year): _____ to _____

Degrees/Diplomas/Certificates Granted: _____

3. Name of College or University Attended: _____

Date Attended: From (year): _____ to _____

Degrees/Diplomas/Certificates Granted: _____



IIYIKINAAMI – SPIRIT HELPER

BACHELOR OF SCIENCE IN NURSING – FOUNDATIONAL YEAR

COURSE REGISTRATION FORM

Tentative Course Enrollment:

*Please list all upgrading courses for the next school year

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4

MEMORANDUM OF UNDERSTANDING

We at Old Sun Community College realize the commitment you are undertaking and we are committed to helping you succeed in your educational goals. All students are required to sign this memorandum of understanding of the above policies upon registration.

I _____ understand that it is my right to have an education. I further understand the preceding to be policies & procedures of the Old Sun Community College and I agree to abide by them.

Should I choose not to follow policies & procedures, I will have forfeited my right to be a bonafide student registered in any of the courses offered by Old Sun Community College.

Student Name

Date: _____

LIBRARY REGISTRATION FORM

Last Name (Print Please): _____

First Name (Print Please): _____

Band # _____

Band Name: _____ Band #: _____

Address: P.O. Box _____

City/Town _____ Post Code _____

Home Phone: _____ Cell: _____

Have you registered for a OSCC Library Card before? Yes No

Program

High School: Quarter 1 Quarter 2 Quarter 3 Quarter 4

School & Program: _____

I AGREE TO BE RESPONSIBLE FOR OSCC LIBRARY RESOURCES AND BE RESPONSIBLE FOR DAMAGE & REPAYMENT OF RESOURCES. Yes No (such as, videos, books, magazines, computer use).

PLEASE NOTE: ANY LIBRARY RESOURCES NOT RETURNED MAY AFFECT OSCC TEXTBOOK REFUND AS WELL AS FUTURE REGISTRATION AT OSCC

Signature

Date

COMPUTER / INTERNET USAGE CONTRACT

I will abide by the Computer/Internet Rules established:

-
1. I understand that all computers that have student access are for research purposes only. I will be able to use the internet for a maximum time allowed by staff permission.
 2. I will not compose, send or store messages, which include profanity, sexual, racial or other abuse, threatening or otherwise offensive language or photos.
 3. I will not use the student access computers for chatting or email.
 4. I am aware that my activities on the internet can and will be traced on a periodic basis by school staff.
 5. Printing is only for school use. I will ask permission to print information from the internet, which is for research purposes.
 6. I will obey the guidelines; which school staff sets up for going online and what areas are appropriate.
 7. I must not create a computer virus and place on any network.
 8. I will not attempt to use the internet using another person's name.
 9. The first time I break these rules, I will not have access to the internet for a month or possibly the rest of the term.
-

Date: _____

Name: _____

Signature: _____

**Please forward application through OSCC Registrar's Office via OSCC Front Reception or through Debbie Smith – Coordinator Box 1250 Old Sun Community College AB T0J3W0
Email: debbie.smith@oldsuncollege.ca*

FOR INTERNAL USE ONLY

Iiyikinaami – Spirit Helper, Bachelor of Science in Nursing Indigenous
Community Route

Foundational year

Application & Registration Form

Date Approved: _____

President's Name: _____

President's Signature: _____