



Application for Admission

Urban Native Indian Education Society
Native Education Centre (NEC)
285 East 5th Avenue
Vancouver, British Columbia
V5T 1H2
Telephone: 604.873-3772 Ext. 328
Email: admissions@necvancouver.org
Website: www.necvancouver.org

The Native Education Centre is B.C.'s largest Aboriginal private school. NEC is operated through the non-profit Urban Native Indian Education Society.

The below application must be filled out in full and sent to the college.

Have you previously applied or registered at the NEC? No _____ Yes _____

If yes, please enter your student number: _____

Personal Information - Please Print

First Name Middle Name Last Name

Preferred First Name _____

Street Address _____

City _____ Province _____ Postal Code _____

(All NEC correspondence will be mailed to the above address. Notify admissions of any change)

Home Phone: _____ Message Number: _____ Email _____

Date of Birth: D _____ M _____ YR _____ Sex: Male _____ Female _____

Aboriginal Ancestry: Please circle one: Status Non-status Métis Inuit

First Nation _____

Emergency Contact

Who should be contacted in case of an emergency?

Name _____ Phone Number _____

Please turn over and complete

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Education Information

Please provide us with information on your educational background beginning with the most recent. Official High School transcripts are required for certain programs.

School Attended	City/ Province	Date Attended	Grade/Program Completed

What NEC program(s) are you interested in? If you are interested in more than one program please indicate your first choice and second choice.

- Aboriginal Adult Basic Education
- Applied Business Technology
- Aboriginal Digital Filmmaking
- Aboriginal Justice Studies
- Aboriginal Land Stewardship
- Aboriginal Resident Care/Home Support Attendant
- Warriors Against Violence
- Aboriginal Tourism Operations Certificate
- Aboriginal Tourism Management Diploma
- Early Childhood Education Certificate
- Family and Community Counselling Certificate
- Family and Community Counselling Diploma
- Other _____

Semester start date: _____

Do you have any medical conditions or health problems that may affect your learning that you want the college to be aware of? If yes, please explain in the space below. This information is confidential and will not affect your acceptance to the college.

I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. I understand that if any of these statements or documents submitted are found to be untrue or false this application may be rejected.

Signature: _____ Date: _____