



Application for Admission

**Nanaimo/North Vancouver
or Eclipse Online Campus**

3305 Garibaldi Drive
North Vancouver BC
V7H 2N9
Toll-free: 1.855.238.3835

Online application available at eclipsecollege.com



APPLICATION FOR ADMISSION

How to Apply to ECLIPSE COLLEGE

Programs

Review the Eclipse College website at eclipsecollege.com for information about the programs offered. If you require assistance or want more information about the program, help is available from an Advisor at 855.238.3835 or 1.250.937.0801

Complete this Admission Form

Please ensure you print clearly and complete all sections of this form. This Application for Admission Form can be emailed to info@eclipsecollege.com

Pay the Application Fee

A non-refundable, non-transferrable application fee is required with each application for it to be processed.

Pay by E-transfer by sending the transfer to finance@eclipsehr.ca. Please talk to your Advisor at Toll-free: 1.855.238.3835, regarding a password before sending. Bank Drafts should be made payable and mailed or couriered to: Eclipse College: 3305 Garibaldi Drive North Vancouver BC V7H 2N9

Program Type	Fee
CSW CERTIFICATE	\$200.00
LEADERSHIP DIPLOMA	\$200.00

Application fees may be subject to change.

Resume Required

New applicants to Eclipse College must submit a resume including contact information, past educational experiences and previous jobs they have held. The applicant may also include transcripts of high school and previous post-secondary institutions they have attended.

All materials submitted become the property of Eclipse College and will not be returned.

What Happens After the Admission Form is sent in with the Application Fee?

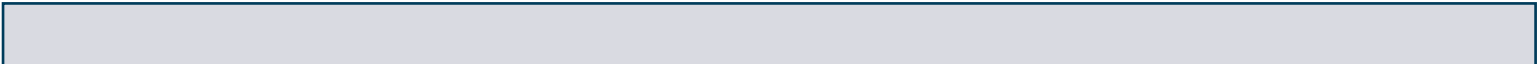
Within 48 hours of receiving your application, Eclipse College will email you a letter confirming receipt of your application.

Your application will be reviewed to see if you meet the criteria of the program you have selected.

A letter will be sent to you accepting your admission or declining your admission.

Please read our letters carefully and call if you have any questions.

If you are admitted to a program, a letter of acceptance and an offer of admission will be mailed to you. The due date to accept the offer and pay course fees will be outlined in the letter of acceptance.





APPLICATION FOR ADMISSION

Please ensure you print clearly and complete all sections of this application.

OFFICE USE ONLY

ADMIN

DATE

Personal Information

Student Number (for returning Students)	Primary Email address (please print clearly)	Phone Number
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Legal First Name (no initials)	Middle Name(s) (no initials)	Last Name
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Maiden Name/Previous Name (if applicable)	Preferred Name
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Mailing Address	City
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Province	Postal Code	Country
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Telephone (Primary) ()	Telephone (Other) ()	Email
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Date of Birth year month day	Social Insurance Number (optional)	Gender Identity <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary
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Citizenship

Canadian

Permanent Resident (documentation required) Country of Citizenship _____

Refugee (documentation required) Country of Citizenship _____

Emergency Contact

Name	Telephone ()	Email
Relationship to you		

To Better Serve You, Please Answer This Optional Question

Do you have any special learning challenges you think we should know about? Please provide details here.

Are you working with any organization that will help you with financial support for this program? If so please list the organization and the contact information of the person: Yes No I prefer not to answer this question

CONTACT: _____ email: _____ Phone: _____

We would like to know if you are a "First Generation Learner."

None of my parents attended university or college Two of my parents attended university or college

One of my parents attended university or college I prefer not to answer this question

Program Choice

Which program are you applying to?

Please indicate which campus you would prefer to attend (one only).

Nanaimo Vancouver Eclipse Online

Please indicate when your classes are scheduled to begin

Month _____ Year _____

Do you have a valid BC drivers license? (Many employers require this to be completed before hiring) Yes No

If you do not, are you willing to obtain one? Yes No

Are you willing to complete a criminal record check? (Many employers require this to be completed before hiring) Yes No Unsure

Educational History (Not required to be filled out if you provide a Resume)

Last High School Attended	Location	School District	Presently Attending?	Date Last Attended (year month)	Did You Graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-secondary Institutions Attended	Location	From (year month)	To (year month)	Program or Course	

PLEASE READ THE FOLLOWING BEFORE SIGNING

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information on this form subject to the Freedom of Information and Protection of Privacy Act. I understand that Eclipse College will use and maintain the information for the purposes of admission, registration, student support services, administration and reporting requirements and other activities related to delivery of programs, courses and events by Eclipse College.

In providing Eclipse College with an email address, you acknowledge that Eclipse College may send confidential information about you to this address. Eclipse College's administration calls for creating a digital photo image of each student that may be used for purposes of validating the student as a member of the Eclipse College community.

APPLICANT STATEMENT and ACKNOWLEDGEMENT

I certify that all statements on the application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting Eclipse College or Eclipse College Courses prerequisites, space availability and start dates. I agree to comply with the rules and regulations of Eclipse College, and those of the department and program in which I am registered, and any changes which may be made while I am a student at Eclipse College.

I acknowledge that any notices sent to my email address will be considered to be sufficient delivery and notification. I agree to provide Eclipse College with at least 10 days advance notice of any change in my email address, phone number, physical address or any contact information.

Signature: _____ **Date:** _____