

Office of the Registrar

2300 Ryan Road, Courtenay BC V9N 8N6 T: 1-800-715-0914 E: forms@nic.bc.ca

Mature Student Declaration

| Student Name (print): | | | Student No.: | |
|--|---|---|---|--|
| | | | | |
| I wish to enroll in the follow | ving course(s): | | | |
| Term: | Course Code: | | Section: | |
| Term: | Course Code: | | Section: | |
| | | | | |
| | | | | |
| I declare myself as a matu | re student (23 years or older in the | calendar year at the | time of registration). | |
| I understand that North Island College strongly encourages consultation with an Educational Advisor before taking any cours without the necessary prerequisites. | | | | |
| with the course. I also und as those students who have | lerstand that I will be held to all the | same academic star not wishing to partic | n fully aware of the work demands associated ndards, policies and academic deadline dates ipate in course work, assignments and exams ion policy #4-09. | |
| Student Signature: | | Date (mmm-dd-yyyy): | | |
| | | | | |
| OR OFFICE USE (only): | | | | |
| ata Dacaiyad | | Dosoivod by | | |
| ale Received. | | Neceiveu by | (Signature in Full) | |
| ate Entered: | | Entered by: | | |
| aic Ellicicu. | | Linered by | (Signature in Full) | |