



## First Year Experience Services Registration

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|--|---------------------------|
| First Name:  | Last Name:                |
| Address:   | City:                     |
| Province:  | Phone Number: (        )  |
| Birthday (mm/dd/yy):   | Age:                      |
| Student Number:  | E-mail:                   |
| Referral:  | Northern College Program: |
| Instructor/Coordinator:  | Campus Location:          |
| <b>Mentoring Program</b><br>Would you be interested in becoming a mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Would you be interested in becoming a mentee? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |
| <b>Which year are you enrolled in?</b><br><input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth  |                           |
| <b>Please let us know if one of the following categories applies to you:</b><br><input type="checkbox"/> Contact North <input type="checkbox"/> Second Career <input type="checkbox"/> OSAP <input type="checkbox"/> International * <input type="checkbox"/> Upgrading (LBS)<br><input type="checkbox"/> First Generation Learner ** <input type="checkbox"/> Aboriginal Person <input type="checkbox"/> Francophone <input type="checkbox"/> Other   |                           |
| <p><b>* Means an <u>International</u> student who has identified that being enrolled in this institution is their first experience in the Canadian postsecondary system.</b></p> <p><b>** First Generation Learner means a student who is admitted to and enrolled in a program of instruction offered by Northern College and whose parent(s)/guardian(s) has/have not attended a postsecondary institution. If a sibling of the student has attended a postsecondary institution but the parent(s)/guardian(s) have not, the student is still considered First Generation.</b></p> |                           |
| <b>What are some of the barriers you feel you may be faced with during your first year?</b>  |                           |
| <input type="checkbox"/> Financial <input type="checkbox"/> Family/peer support <input type="checkbox"/> Academic challenges <input type="checkbox"/> Personal matters<br><input type="checkbox"/> Program indecisiveness <input type="checkbox"/> Other _____   |                           |
| <b>What kinds of workshops would you like to participate in?<br/>           (*You can select more than one)</b>  |                           |
| <input type="checkbox"/> Computer <input type="checkbox"/> List Other _____ <input type="checkbox"/> Note taking <input type="checkbox"/> List Other _____<br><input type="checkbox"/> Science                            _____ <input type="checkbox"/> Time management                            _____<br><input type="checkbox"/> Math                            _____ <input type="checkbox"/> Test preparation                            _____   |                           |
| *Signature: _____  | *Date: _____              |
| <b>Confidentiality Statement</b><br>The information you have provided on this First Year Experience Registration Form will be used only for the purpose of supporting the activities of the First Year Experience Services and Northern College.   |                           |