

# DUAL CREDIT APPLICATION

## EXPLORE TECHNOLOGY

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Current Grade: \_\_\_\_\_

PROGRAM: **VIDEO GAME PROTOTYPING MICRO-CREDENTIAL**

PROGRAM START DATE: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Use the checklist below to ensure your application is "**complete**" before handing it into the Career Centre.

- ☐ 1. Central Okanagan Public Schools **Application Form**
- ☐ 2. **Okanagan College Application**
- ☐ 3. **Okanagan College Consent to Release Information form**
- ☐ 4. **Application Questions** – Clear and concise responses to the questions
- ☐ 5. **Teacher Recommendation**
- ☐ 6. **IEP & Learning Plan** – Attach only if you have one
- ☐ 7. Program Shadow – **NOT REQUIRED**

Students shall receive 12 elective credits towards graduation for the successful completion of the sampler programs.

# CENTRAL OKANAGAN PUBLIC SCHOOLS

## APPLICATION FORM

**PLEASE PRINT**

**Name\*** \_\_\_\_\_  
Last Name First Name Middle Name

**Address\*** \_\_\_\_\_ **City\*** \_\_\_\_\_

**Home Phone\*** \_\_\_\_\_ **Student Cell** \_\_\_\_\_ **Postal Code\*** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy)\*** \_\_\_\_\_ **SIN\*** \_\_\_\_\_

**Are you of Indigenous Heritage?\*** ☐ Yes ☐ No

**Canadian Citizen\*** ☐ Yes ☐ No **Permanent Resident** ☐ Yes

**Student email address:\*** \_\_\_\_\_  
**NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (USE GMAIL, HOTMAIL, ICLOUD ETC.)**

**Parent email address:\*** \_\_\_\_\_

**Parent / Guardian Contact\*** \_\_\_\_\_

**Home Phone \*** \_\_\_\_\_ **Work/Cell\*** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work/Cell** \_\_\_\_\_

**\*Are you currently on an IEP or Learning Plan?** ☐ No ☐ Yes If yes, please specify which one:  
☐ IEP ☐ Learning Plan ☐ Behaviour Support Plan

I/We certify the information given in this application is true and complete to the best of my knowledge and understand that, if selected for a Dual Credit Program, falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application. I allow the Dual Credit Programs Department to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow the Dual Credit Programs Department to use any work or school related picture of myself for the purpose of promotion and communication of the program.

**Student Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

**Parent/Guardian Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

**All signatures** must be in place before application is accepted.



# APPLICATION FORM

Okanagan College  
ID Number (if known) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FOR OFFICE  
USE ONLY

☐ Non-refundable \$30 fee paid.

☐ Not applicable

DATE/TIME: \_\_\_\_\_ / \_\_\_\_\_

INITIALS: \_\_\_\_\_

## Personal Information - Please Print Clearly

|   |   |                |      |       |      |
|---|---|----------------|------|-------|------|
| Legal Last or Family Name   | First Name  | Middle Name(s) |      |       |      |
| Previous (Maiden) Name (if applicable)  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |                |      |       |      |
| E-mail Address<br>(Okanagan College uses email and mail to communicate with all applicants. Please ensure you have entered your email address correctly. It is your responsibility to provide the College with your current email so we can communicate important information to you) |   |                |      |       |      |
| Permanent Address (correspondence regarding your application will be mailed to this address)  |   | City/Town      |      |       |      |
| Province/State and Country  | Postal Code/Zip Code  |                |      |       |      |
| Telephone - Primary<br><small>Area Code Phone Number</small>  | Telephone - Alternate<br><small>Area Code Phone Number</small>  |                |      |       |      |
| Date of Birth<br><table border="1"><tr><td>day</td><td>month</td><td>year</td></tr></table>   | day   | month          | year |       |      |
| day   | month   | year           |      |       |      |
| Country of Citizenship  | Note: Non-Canadians must submit proof of immigration status with application (original documents must be submitted to Okanagan College for photocopying).<br>Permanent Resident/Landed Immigrant Effective Date: <table border="1"><tr><td>day</td><td>month</td><td>year</td></tr></table> |                | day  | month | year |
| day   | month   | year           |      |       |      |
| Emergency Contact Name  |   |                |      |       |      |
| Emergency Contact Telephone - Primary<br><small>Area Code Phone Number</small>  | Emergency Contact Telephone - Alternate<br><small>Area Code Phone Number</small>  |                |      |       |      |

## Program Information

|   |  |
|---|--|
| <u>Program Name</u> (ONE ONLY PLEASE)<br><br>_____  | <u>Term</u><br><input type="checkbox"/> Fall (September)<br><input type="checkbox"/> Winter (January)<br><input type="checkbox"/> Summer Session I (May)<br><input type="checkbox"/> Summer Session II (July)<br><input type="checkbox"/> Other: _____ (e.g. Nov, Mar) |
| <u>Campus</u><br><input type="checkbox"/> Salmon Arm <input type="checkbox"/> Vernon <input type="checkbox"/> Distance<br><input type="checkbox"/> Kelowna <input type="checkbox"/> Penticton |  |



## Program Information Continued

|  |   |
|--|---|
| <b><u>Program Name</u></b> (ONE ONLY PLEASE)<br><br><hr/> <b><u>Campus</u></b><br><input type="checkbox"/> Salmon Arm <input type="checkbox"/> Vernon <input type="checkbox"/> Distance<br><input type="checkbox"/> Kelowna <input type="checkbox"/> Penticton | <b><u>Term</u></b><br><input type="checkbox"/> Fall (September)<br><input type="checkbox"/> Winter (January)<br><input type="checkbox"/> Summer Session I (May)<br><input type="checkbox"/> Summer Session II (July)<br><input type="checkbox"/> Other: _____ (e.g. Nov, Mar) |
| <b><u>Program Name</u></b> (ONE ONLY PLEASE)<br><br><hr/> <b><u>Campus</u></b><br><input type="checkbox"/> Salmon Arm <input type="checkbox"/> Vernon <input type="checkbox"/> Distance<br><input type="checkbox"/> Kelowna <input type="checkbox"/> Penticton | <b><u>Term</u></b><br><input type="checkbox"/> Fall (September)<br><input type="checkbox"/> Winter (January)<br><input type="checkbox"/> Summer Session I (May)<br><input type="checkbox"/> Summer Session II (July)<br><input type="checkbox"/> Other: _____ (e.g. Nov, Mar) |

## High School Education

|   |
|---|
| If you attended a B.C. high school since 1993, Personal Education Number (PEN) _____ / _____ / _____ (if known) |
|---|

| Most Recent High School Attended | City/Province | From Year/Month | To Year/Month | Currently Attending | Grade/Year Completed |
|----------------------------------|---------------|-----------------|---------------|---------------------|----------------------|
|                                  |               | /               | /             | Yes   No            |                      |
|                                  |               | /               | /             | Yes   No            |                      |

Arrange to have sealed official transcripts (unopened) issued within the last six months sent to Okanagan College as soon as possible.

## Post-Secondary Education

| Province<br>(Country if outside of Canada) | University, College or Technical School | From Year/Month | To Year/Month | Currently Attending | Degree/Diploma Awarded |
|--|---|-----------------|---------------|---------------------|------------------------|
|  |   | /               | /             | Yes   No            |                        |
|  |   | /               | /             | Yes   No            |                        |

List additional post-secondary institutions on a separate sheet.

Arrange to have sealed official transcripts (issued within the last six months) sent to Okanagan College as soon as possible. A \$50 transcript evaluation fee must be submitted with out-of-province post-secondary transcripts. \$150 for International transcripts.

Applications will not be processed until all official documents and fees have been received. The non-refundable application fee is \$30 for Canadian citizens and permanent residents. You can apply to up to 3 programs per application.

### Voluntary Disclosure

Do you identify yourself as an Aboriginal person, that is, First Nations, Métis, or Inuit?

☐ Yes ☐ No

If you answered "Yes", please indicate if you are:

☐ First Nations ☐ Métis ☐ Inuit

Do you identify yourself as a first generation student, that is, neither of your parents attended a post-secondary institution (college or university) in Canada?

☐ Yes ☐ No

### What influenced your decision to apply today?

Select up to three.

- ☐ High school counsellor
- ☐ Friend, parent or family member
- ☐ Someone from OC was at my high school
- ☐ Someone from OC was at a fair or trade show
- ☐ OC on Facebook or other social media
- ☐ OC website
- ☐ OC advertisement
- ☐ Another website such as educationplanner.com
- ☐ Referral from overseas agent

1) Is your educational goal to complete an entire program of study (any length) at Okanagan College?

2) (Degree, Diploma etc.)

☐ Yes ☐ No

2) If you answered "No" to question 1, what is your educational goal at Okanagan College?

- ☐ Study for two years at Okanagan College
- ☐ Take a few courses at Okanagan College
- ☐ Study for one year at Okanagan College
- ☐ I haven't decided yet
- ☐ Other \_\_\_\_\_

3) After achieving your educational goal, what do you intend to do next?

- ☐ Enter or re-join the workforce
- ☐ Transfer to another college, university or institute
- ☐ Nothing in particular - I'm here for general interest
- ☐ I haven't decided yet
- ☐ Other \_\_\_\_\_

### Personal Information

Okanagan College is a public body governed by the Freedom of Information and Protection of Privacy Act (FIPPA), which permits us to collect, use and share your personal information only for authorized purposes. We collect, use and share personal information that relates directly to and is necessary for Okanagan College's programs and activities. The information on this form is collected under the authority of the FIPPA, the College and Institute Act and from other government agencies. The information will be used for the purposes of admission and registration. If admitted, your personal information is used and shared for a variety of purposes consistent with our mandate. Your information may be shared with the students' association, the alumni association and the Okanagan College Foundation for purposes such as provision of student services; alumni development; recognition of academic excellence, convocation program and donor awards. Information may also be used for research purposes but in those cases, individual identities will not be disclosed. Additional information may be found in our "Protection of Privacy Policy" on the Okanagan College website. Questions about the collection, use and sharing of your personal information may be directed to the Registrar.

Under the FIPPA, staff may not release personal information such as your student record or registration to anyone other than you without your consent. We must, therefore, deal directly with you on all inquiries, transactions or appeals. If, for any reason, you need a parent or other person to act on your behalf, and wish to give them full authority to do so, you must provide Okanagan College with your written consent authorizing the release of your personal information to that person by completing a "Consent to Release Information" form which can be found in your myOkanagan account at <http://myokanagan.bc.ca>.

**Communication:** Communications from the College will be by email in most cases. Other important information and policies can be found on the College website. Please notify the College of any change to your email address. Please refer to the "Electronic Communication for Students and Applicants Policy" in the Calendar for details: [www.okanagan.bc.ca/calendar](http://www.okanagan.bc.ca/calendar).

**Declaration and Consent:** I certify that the information contained herein and that all statements made in connection with this application are true, correct and complete. I **understand** that any misrepresentation, incomplete disclosure or falsified information on this application may result in the cancellation of my admission or registration status. I **consent** for the College to collect and use my personal information. I **agree** that Okanagan College may verify the information provided by contacting any secondary or post-secondary institutions. I **authorize** Okanagan College to access Okanagan University College (OUC) records in the event I previously attended OUC. I **understand** and agree that my admission will not be final until my file is complete and I have satisfied all document and other requirements by Okanagan College. I **authorize** the posting of my grades where such posting identifies me only by my personal OC student ID number.

I **understand and agree** to abide by the rules, regulations and policies of Okanagan College as outlined in the Calendar and on the Okanagan College website, as amended, while I am a student at Okanagan College. In the event there is a conflict between verbal advice and Okanagan College's official Calendar, regulations and policies, I will rely on the official version only.

I agree to pay all tuition, fees and charges to Okanagan College within the payment deadlines posted by the College.

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_  
Day Month Year

# CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account.

*Note: Many departments have their own release of information forms; for example, Disability Services and Counselling. Please contact them directly for a release form.*

## STUDENT PROFILE

**Legal Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

**OC Student ID:** \_\_\_\_\_ **Date of Birth (dd/mm/yy):** \_\_\_\_\_

### Add Release (only one person per release)

**Name (First and Last):** \_\_\_\_\_ Central Okanagan Public Schools – Dual Credit Programs

#### Relationship to you:

- ☐ Citizenship & Immigration Canada  
☐ Friend  
☒ School District  
☐ Other: \_\_\_\_\_

- ☐ Employer  
☐ Lawyer  
☐ Sponsor

- ☐ Family  
☐ Parent  
☐ Spouse

**Note:** Select "All" and enter the effective dates to consent all of the items to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

**Effective Dates** (maximum of 2 years): **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
(today's date) (two years from today's date)

## INFORMATION TO RELEASE

|   |   |
|---|---|
| <input checked="" type="checkbox"/> All current information listed below<br><input type="checkbox"/> Name<br><input type="checkbox"/> Address<br><input type="checkbox"/> Phone<br><input type="checkbox"/> Email | <input type="checkbox"/> Status of application <i>Application decision, outstanding items and deadlines</i><br><input type="checkbox"/> Financial information <i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i><br><input type="checkbox"/> Transcript of academic record and confirmation of enrolment <i>Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID</i><br><input type="checkbox"/> Media information <i>All images and sound recordings in any media for any purpose</i><br><input type="checkbox"/> Other: _____<br>_____ |
|---|---|

You may rescind or amend this authorization in writing or in your myOkanagan account at any time.



**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit the completed form with an original signature to the Registrar**

# Technology industry - standard tools and software

## INFORMED PARENT CONSENT

There are many forms of online publications or presences that allow interactive communication, including, but not limited to: social networks, blogs, internet websites, internet forums, hosting services, and wikis. While we strive to protect personal privacy, there are many Web Tools that are designed to enhance educational outcomes and created for educational purposes that require some private information to be shared.

The Video Game Prototyping Micro Credential aims to give the students realistic experiences to gain skills needed to enter the creative technology sector. as realistic insight into the technology industry as possible. Our teachers are industry professionals, and we use many industry-specific software and tools to simulate current conditions in the Video Game industry.

It is important to be aware that many of the Web Tools are online services hosted outside of British Columbia and possibly Canada. While stored outside the country, information in your child's accounts may be subject to the laws of foreign jurisdictions.

As a general safe practice, when interacting with any online service, students should take care and avoid posting personal information or personal location that could be used to identify them or other persons. Guidelines for staff and students will provide and instruction on how to use the Web Tools in ways that protect confidential and sensitive personal student information will be discussed.

Some personal information that may be shared is:

- Display username
- Progress using the web tool to help personalize experience
- Email
- Login time/IP address/technical data to provide technical support
- Age (not birthdate) – US privacy regulations differ for children <13 years of age

Your written consent to your child's use of web tools that access information outside of Canada is required by British Columbia's [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#).

*If you choose not to provide your consent to your child's use of web tools, your child will not be penalized in any way and alternate activities will be provided, as appropriate. There may be certain part of the program they cannot join.*

### Parent/Guardian Permission

☐ **YES, I understand that the information my child may create and store could be stored in or accessed from a location outside of Canada, and I hereby consent, on behalf of my child and I, to my child's information being stored in or accessed from, a location outside of Canada.**

☐ **NO, I do not consent, on behalf of my child and I, to my child's information being stored in, or accessed from, a location outside of Canada.**

*This consent will be considered valid from the date at which it is signed until the end of the Gateway to Technology Program.*

Signature of Parent or Guardian

Signature of Student

\_\_\_\_\_

\_\_\_\_\_

Print Name

Print Student Name

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION QUESTIONS

### PLEASE PRINT

1. Why do you consider yourself a good candidate for the VGP Program? Please discuss any interests, values, any a values and/or skills that you feel will help you succeed in the program.

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2. What do you hope to learn or accomplish by taking the VGPProgram?

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3. What is your transportation plan? The program includes classes at Okanagan College, Kelowna Campus.

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# TEACHER RECOMMENDATION

A teacher related to the program the student is applying for should complete the Teacher Recommendation. The information on this recommendation will be used to determine candidates for the Central Okanagan Public Schools Dual Credit Programs. A quality response to the general comments section is also important.

**Student Name:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Teacher Phone #:** \_\_\_\_\_

|  | <i>Excellent</i>         | <i>Good</i>              | <i>Fair</i>              | <i>Needs Improvement</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Attendance/Punctuality<br>Comments: _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Work Ethic<br>Comments: _____                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Attitude<br>Comments: _____                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mechanical Ability in Field<br>Comments: _____      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Initiative/Motivation<br>Comments: _____            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Interpersonal Skills/Citizenship<br>Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. General Comments: _____                             |                          |                          |                          |                          |

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_