



MARITIME COLLEGE OF
FOREST
TECHNOLOGY

A LEADER IN FORESTRY EDUCATION SINCE 1946

APPLICATION FORM



A LEADER IN FORESTRY EDUCATION SINCE 1946



How to apply:

1. Complete this application form.
2. Attach two letters of reference from employers, forestry professionals, or someone other than a family member.
3. Have your high school and/or post-secondary institution (PSI) forward transcripts to MCFT.
4. Attach an up to date copy of your resume if you are a mature student (25+) or are applying to the Utility Arborist Program.
5. Submit everything along with a \$50.00 non-refundable application fee to:

Admissions Office
Maritime College of
Forest Technology
1350 Regent Street
Fredericton, NB Canada
E3C 2G6
Tel: 866 619 9900
info@mcft.ca

Apply online at
www.mcft.ca

Program and Residence Application Forms

KEEP ALL FORMS ATTACHED

Please do not separate these forms. Read the following instructions carefully before completing your application. Your application will be processed once your application form, application fee, transcripts, and any other required materials have been received.

1. All applicants must submit a \$50.00 CAD non-refundable application fee. International students can submit this fee in US funds (\$50.00 USD). Applicants may pay the application fee by credit card (VISA or Mastercard) by contacting Accounts Receivable at (506) 458 0643. Cheques or money orders should be payable to the Maritime College of Forest Technology.
2. To be considered for acceptance, completed application forms and all documents must be received no later than the application deadline for the intended program. The Forest Technology program application deadline is February 28th, and the Utility Arborist program application deadline is June 30th. Individuals whose applications are received after this deadline will be put on a waiting list.

Successful applicants will receive notification by mail upon their acceptance. A \$200.00 non-refundable confirmation fee is required to hold their seat in the upcoming class. This fee will be deducted from your tuition at the time of registration. This seat fee must be received no later than the date specified on the acceptance letter.

3. Students applying to MCFT before the application deadline date may receive a conditional acceptance if they have met all academic requirements and achieved an average of 80% or greater. Students currently in high school are asked to please ensure that all subsequent marks are sent after the initial application has been submitted. This includes your first and second term grades in Grade 12.
4. International students are held to the same academic standard as Canadian students.
5. MCFT does accept transfer credits. Students requesting exemption from MCFT courses may be required to provide complete course descriptions for all courses to be considered. Evaluation of a student's transcript for this purpose is only done after a formal application has been submitted.
6. Mature students are given priority consideration for single rooms in Torunski Hall residence. In addition to admission requirements, mature applicants (25 years and older) must submit an up to date resume regardless of which program they are applying to. If a mature student is looking to have workplace experience considered in place of academic prerequisites, a letter describing how their experiences would qualify as the academic requirements of MCFT is required.



7. All applicants must submit:
 - a. A completed application form
 - b. All high school and post-secondary transcripts
 - c. Two letters of reference from employers, forestry professionals, or someone other than a family member.
 - d. \$50.00 application fee.

Please Note: Utility Arborist program applicants must also submit an up to date copy of their resume.

Academic transcripts can be sent directly from the high school or PSI, or can be submitted with your application in an original sealed envelope from the high school or PSI.

SEND COMPLETED APPLICATION FORMS AND DOCUMENTS TO:

Admissions Office
 Maritime College of Forest Technology
 1350 Regent Street
 Fredericton, NB Canada E3C 2G6
 Tel: 866 619 9900
 Email: info@mcft.ca

DISABILITIES AND RESPONSIBILITIES

Although some students with disabilities may learn in different ways, require the use of specialized equipment, or require that other accommodations specific to their disability be made, they are expected to meet the same academic standards as non-disabled students.

MCFT offers some services and resources to assist students who have disability-related needs. Students with documented learning disabilities must advise the Admissions Office, and provide official documentation outlining the disabilities, well in advance of arrival on campus to start the academic year to ensure they receive the support and services that are available to them.

REGISTRATION FORMS

Under the federal Privacy Act, individuals can request access to their own individual information held in federal information banks, including those held by Statistics Canada. Students who do not want their information utilized can ask Statistics Canada to remove their identifying information from the national database.

VIA MAIL:

Institutional Surveys Section
 Centre for Education Statistics
 Statistics Canada
 100 Tunney's Pasture Driveway
 R. H. Coats Building, Floor 13 G
 Ottawa, Ontario, K1A 0T6

VIA EMAIL:

statcan.PSIS-SIEP.statcan@canada.ca

NOTIFICATION OF DISCLOSURE OF PERSONAL INFORMATION TO STATISTICS CANADA AND THE MARITIME PROVINCES HIGHER EDUCATION COMMISSION

STATISTICS CANADA

Statistics Canada is the national statistical agency. As such, Statistics Canada carries out hundreds of surveys each year on a wide range of matters, including education.

It is essential to be able to follow students across time and institutions to understand, for example, the factors affecting enrolment demand at postsecondary institutions. The increased emphasis on accountability for public investment means that it is also important to understand 'outcomes'. In order to conduct such studies, Statistics Canada asks all colleges and universities to provide data on students and graduates. Institutions collect and provide to Statistics Canada, student identification information (student's name, student ID number, Social Insurance Number), student contact information (address and telephone number), student demographic characteristics, enrolment information, previous education, and labour force activity.

The federal Statistics Act provides the legal authority for Statistics Canada to obtain access to personal information held by educational institutions. The information may be used for statistical purposes only, and the confidentiality provisions of the Statistics Act prevent the information from being released in any way that would identify a student.

Students who do not wish to have their information used can ask Statistics Canada to remove their identifying information from the national database. On request by a student, Statistics Canada will delete an individual's contact information (name, address, or other personal identifiers) from the PSIS database. To make such a request, please contact Statistics Canada (see Registration Forms section).

MARITIME PROVINCES HIGHER EDUCATION COMMISSION

The MPHEC collects the data described above on behalf of Statistics Canada. In addition, it archives these data and uses them to generate basic statistics, research products, as well as the sampling frame for its graduate survey. These activities support its mandate, which is to assist institutions and governments in enhancing the post-secondary learning environment. The legal authority for these activities is provided by the Maritime Provinces Higher Education Commission Act. The Act also requires that all data received by the Commission is kept confidential, and ensures the protection of personal information. More information about the MPHEC and its Standard for Maintaining Confidentiality may be found at www.mphec.ca.

Regarding those students who do not wish to have their information used, Statistics Canada will notify the MPHEC of any student choosing to have their personal information removed from the national database, and their information will subsequently be removed from the MPHEC's database.

Application for Admission

PLEASE PRINT

TO WHICH PROGRAM ARE YOU APPLYING?

- FOREST TECHNOLOGY PROGRAM
 UTILITY ARBORIST PROGRAM

MCFT USE ONLY
STUDENT NO.

MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> NONE <input type="checkbox"/>	LAST NAME	FIRST NAME (GIVEN)
MIDDLE NAME		NAME USED
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED	BIRTH DATE DD/MM/YY
SOCIAL INSURANCE NUMBER	COUNTRY OF CURRENT CITIZENSHIP	FIRST LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER _____

PERMANENT ADDRESS

MAILING ADDRESS

CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
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CURRENT ADDRESS (if different from above) until _____

MAILING ADDRESS

CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
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TELEPHONE NUMBERS - EMAIL – FAX

CURRENT ()	PERMANENT ()
CELL ()	WORK ()
EMAIL ADDRESS (must complete - please print clearly)	FAX ()

EMERGENCY CONTACT

MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> NONE <input type="checkbox"/>	RELATIONSHIP	PHONE NUMBER ()
NAME	CITY/TOWN	PROVINCE/STATE
MAILING ADDRESS	COUNTRY	POSTAL CODE/ZIP CODE



OPTIONAL INFORMATION

MCFT designates seats for Aboriginal students who meet the entrance requirements and application deadline. This information helps MCFT in fulfilling objectives.

Are you an Aboriginal person (Status / Non-status / Métis / Inuit) YES NO

If you answered yes to the question above, please provide proof and band name.

FAMILY ALUMNI

If any family member has attended either the Maritime College of Forest Technology or the Maritime Forest Ranger School, please list their names below. (Include last name while attending college)

EDUCATIONAL INFORMATION

ARE YOU CURRENTLY ENROLLED IN HIGH SCHOOL?
 YES NO

GRADUATION DATE (DD/MM/YY)

NAME OF HIGH SCHOOL

CITY/TOWN AND PROVINCE

ARE YOU CURRENTLY ENROLLED/ATTENDING (CHECK ONE)
 COLLEGE UNIVERSITY NONE

PROGRAM NAME

ARE YOU A MATURE STUDENT (25 years of age or older)? YES NO
 IF YOU ANSWERED YES, SEE #6 FOR DOCUMENTS AND REQUIREMENTS NEEDED.

POST SECONDARY INSTITUTIONS (MOST RECENT FIRST)

NAME OF INSTITUTION	CITY/TOWN AND PROVINCE	TITLE OR CERTIFICATE ATTAINED	YEARS COMPLETED

EMPLOYMENT HISTORY

Mature students (25+) and Utility Arborist program applicants do not need to fill out this section, and should instead include an up to date resume with their application.

EMPLOYER	DATES WORKED	TYPE OF WORK

WILL YOU HAVE, AT A MINIMUM, A VALID CLASS 5 DRIVER'S LICENCE BY THE TIME YOU START YOUR FIRST WORK PRACTICUM?
 YES NO

WHY ARE YOU APPLYING AT MCFT? (60 WORDS OR MORE)

JOB PLACEMENT

Do you have an existing job offer or tentative employment arrangement for your summer work practicum?

YES NO If yes, with which organization _____

Upon graduation from MCFT, what kind of employment and location would you prefer?

EMPLOYMENT TYPE	LOCATION

The Freedom of Information and Personal Privacy Act (FIPPA) prohibits the disclosure of personal information from a student’s file to anyone other than that specific student once they reach 18 years of age. Please complete the following section if you require the disclosure of personal information to any person, agent, or agency, including your parents.

I hereby authorize and consent to the release of information held by MCFT, specifically my demographic, application and registration, financial account and grades, student classification, and policy compliance information contained in, or as a part of, my MCFT education to the following person(s) listed below.

Name of Individual: _____ Name of Individual: _____

Relationship to Student: _____ Relationship to Student: _____

Address: _____ Address: _____

This release remains effective as long as I am enrolled as a student at MCFT or until I otherwise notify the Registrar’s Office in writing. I understand that I am entitled to rescind this authorization at any time.

Signature of applicant

Date

APPLICATION CONFIRMATION

I hereby certify the information provided by me in this application form and in any other document provided by me or on my behalf, forming part of my complete application, to be true and correct to the best of my knowledge.

I hereby consent to the disclosure of information on this form to other educational institutions, when necessary, to verify my qualifications.

Signature of applicant

Date

Bedard Hall and Torunski Hall Residence Application

All first year students are strongly encouraged to live on residence. MCFT does not provide family or apartment style housing. Students moving to Fredericton with their spouses and or family are advised to begin looking for off campus housing as soon as possible.

Please note that both residences are the property of MCFT and that residents are subject to the rules and regulations set in place by MCFT. All MCFT residence rooms are equipped with high-speed and wireless internet connections.

Incoming first-year students can request either single or shared rooms in Bedard Hall residence, or a single room in Torunski Hall. Costs for each arrangement vary. Bedard Hall has communal washrooms with private shower stalls on each floor, while Torunski Hall residence rooms each have their own private washrooms. Despite being equipped for shared occupancy, Torunski Hall rooms are reserved for single occupancy, with priority given to students entering their second year of study at MCFT and mature students (25+).

Roommate requests by incoming students can be made on the application, providing the students are in the same year of study and are the same gender.

Students are required to bring their own shower supplies (face clothes, towels, soap...) and bedding. Any additional furniture other than MCFT furniture is not permitted in residence (couches, large deep freezers, beds). Mini refrigerators are allowed, although all other cooking appliances (hot pots, microwaves, burners) are prohibited. Satellite dishes, air conditioners, firearms, bows, and pets are not permitted.

Please note: When you accept a residence room, you are responsible for paying both room and board for the duration of each academic semester. You may not rent the room to anyone else. Students in residence are required to purchase a meal plan which totals 19 meals per week; three meals a day Monday to Friday, and two meals a day on Saturday and Sunday.

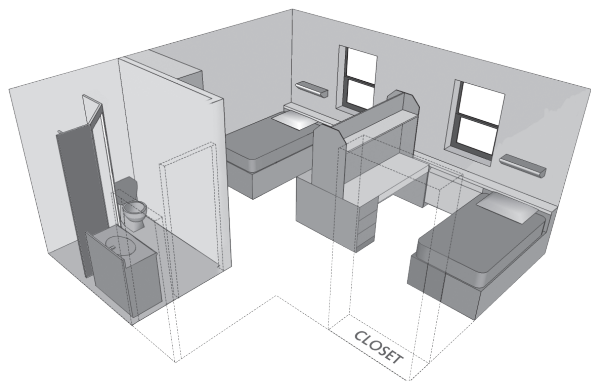
Students are not permitted to stay in residence during the Christmas break unless arrangements have been made in advance with the Residence Manager. Additional fees for each week during the break must be paid in advance.

Students will be notified in July of their room status and any other living arrangements for the academic year, including the name of their roommate.

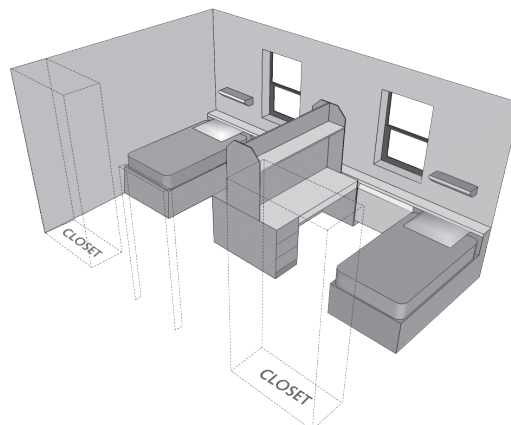
For more information about the Student Residences contact the Admissions Office toll free at 1-866-619-9900.

Check out our website at www.mcft.ca

Torunski Hall



Bedard Hall



Application for Residence

PLEASE PRINT

MCFT USE ONLY
STUDENT RESIDENCE NO.

LAST NAME (FAMILY NAME)	FIRST NAME	MIDDLE NAME	NAME USED
PERMANENT ADDRESS	CITY/TOWN	PROVINCE/STATE	POSTAL CODE/ZIP CODE
PERMANENT PHONE	CELL PHONE	EMAIL ADDRESS (must complete - please print clearly)	

ROOM REQUEST

WOULD YOU LIKE TO REQUEST A SINGLE ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A ROOMMATE REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME _____
IN WHICH RESIDENCE WOULD YOU PREFER TO LIVE? <input type="checkbox"/> BEDARD HALL <input type="checkbox"/> TORUNSKI HALL	
DO YOU HAVE ANY MEDICAL OR SPECIAL REQUIREMENT NEEDS THAT MAY AFFECT YOUR RESIDENCE ARRANGEMENT? <input type="checkbox"/> YES, DOCUMENTATION INCLUDED <input type="checkbox"/> YES, DOCUMENTATION TO BE SENT SEPARATELY <input type="checkbox"/> NO	

PROFILE FOR ASSIGNING ROOMMATES

DATE OF BIRTH (DD/MM/YY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	NUMBER OF YEARS PREVIOUSLY SPENT IN RESIDENCE?
ARE YOU A SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COULD YOU LIVE WITH SOMEONE WHO SMOKES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE NOTE THAT SMOKING IS NOT PERMITTED IN RESIDENCE.		
DO YOU CONSUME ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COULD YOU LIVE WITH SOMEONE WHO CONSUMES ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		



1350 Regent Street
Fredericton, NB E3C 2G6

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