

INSTRUCTIONS FOR: Academic Dual Credit Applications

Congratulations on deciding to take this exciting step forward into your education and future career! This guide will be helpful as you prepare your application for submittal to us.

PLEASE READ BEFORE SUBMITTING AN APPLICATION:

All Applications must be typed or written with pen clearly. All sections must be fully completed.

STEPS TO APPLY:

1. Apply Early

- Submit your application early (at least **one year before the program start date**). This gives you the best chance of being admitted and allows time for review.
- Submit your completed application to your **school Career Coordinator** (not directly to the college).

2. Application Review

- **If your application is approved by the Career Programs Department:**
 - You will receive an email at the email address provided on the application with all details and attachments needed to apply as a **Dual Credit Student** to the Post-Secondary Institution through **EducationPlannerBC**. You will then proceed by following the remaining steps below.
- **If your application is NOT approved by the Career Programs Department:**
 - Your school Career Coordinator will notify you as soon as possible.

***IMPORTANT:** Please note that although your application is approved, spaces are limited and not guaranteed. Students may be put on a waitlist at the post-secondary institution.*

3. Apply through EducationPlannerBC

- Follow the instructions sent to your email.
- Apply to the post-secondary institution using **EducationPlannerBC**.
- When finished, email careerprograms@sd22.bc.ca to confirm you applied.

4. Monitor Email

- Check your email **regularly**, including your **junk/spam folder**.
- The post-secondary institution and Career Programs will contact you by email.

5. Acceptance Letter

- After the post-secondary institution approves your application, you'll get a **Letter of Conditional Acceptance** by email from the SD22 Career Programs department. This letter confirms you have been accepted into the program.

If you're unsure about any step, talk to your **Career Coordinator** early—they're there to help you succeed!

Career Coordinator Contacts:

KAL/VSS – Tim Thorpe | 250-549-6921 | tthorpe@sd22.bc.ca

ALTERNATE/SEATON – Melanie Jorgensen | 250-306-6806 | mjorgensen@sd22.bc.ca

CBS/CROSSROADS/FULTON/VLEARN – Debbie Meyer | 250-540-1714 | dmeyer@sd22.bc.ca



SD22 CAREER PROGRAMS
ACADEMIC DUAL CREDIT
STUDENT APPLICATION PACKAGE CHECKLIST

Last Name: _____ First Name: _____

School: _____ Current Grade: _____ Grad Year: _____

Name of Course: _____ Start Date: _____

Name of Course: _____ Start Date: _____

Name of Course: _____ Start Date: _____

Post-Secondary Campus: _____

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

Students:

- | | |
|---|---|
| Application Form | Consent for Release of Confidential Information |
| Personal Paragraph | Refusal of Unsafe Work |
| Post-Secondary Release of Information | Student Education Plan (planning version) |
| Letter of Sponsorship (Student Details Only) | Teacher Recommendation |

Planned Occupation/Career: _____

Planned Post-Secondary Credential: _____

Planned Post-Secondary Institution for above Credential: _____

Student Provided Additions:

- WorkSafe Certificate
- Usually completed in CLE 10.
 - If you don't have one, complete the module and test as outlined in the application package.

Office Additions – OFFICE USE ONLY

- | | |
|--|--|
| High School Attendance Record | IEP and Case Manager Recommendation
(if applicable) |
| High School Discipline Record
(if applicable) | Grad Transition Plan - Signed |
| Official High School Transcript | |

In order to successfully complete a Academic Dual Credit Program/Course(s), the student must:

- ❖ Fulfill the Dogwood graduation requirements
- ❖ Pass the post-secondary program course(s)



SD22 CAREER PROGRAMS

APPLICATION FORM
PLEASE PRINT CLEARLY IN PEN

Name: _____
Last Name First Name Middle Name

Preferred Name: _____ Pronoun: she/her/hers he/him/his they/them/theirs Gender: _____

Indigenous: Yes No Canadian Citizen: Yes No
If yes: Status Non-Status Inuit Metis

Address: _____
(Including City and Postal Code)

PEN#: _____ School: _____ Current Grade: _____

Student Cell: _____ Date of Birth (Month, Day, Year): _____

Student email address: _____
(NOT AN SD22 SCHOOL EMAIL, NO PARENT EMAIL)

Are you currently on an IEP or Learning Plan? Yes No

*** If on an IEP**

Case Manager please provide a written reference for the coded student that includes the curricular and environmental adaptations, as outlined in the current IEP.

A copy of the IEP/Learning Plan is attached to the application Special Ed. Designation _____

First Contact (all correspondence)

Parent/Guardian Name: _____
Last Name First Name

Email address: _____ Phone: _____

Second Contact

Parent/Guardian Name: _____
Last Name First Name

Email address: _____ Phone: _____

I/We certify the information given in this application is true and complete to the best of our knowledge and understand that, if selected for a Career Program: falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application.

I/We allow the Career Program department to use any program related picture of myself/the student named above for the purpose of promotion and communications for the Program.

I/We are aware that good attendance and work habits are expected and failure to demonstrate them may result in the student's disqualification. It is important for students to seek support early if they are not having success in the program and the career coordinators can help navigate this if help is needed. If your child voluntarily withdraws, is forced to withdraw, or does not successfully complete the Program, the ancillary fees and other costs for student materials will not be refunded.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

All signatures must be in place before application is processed.

CONSENT TO RELEASE INFORMATION FOR DUAL CREDIT STUDENTS

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: _____

Student ID: _____ Date of Birth (dd/mm/yy): _____

Add Release to your school authority

Public School District or Independent School Name: _____

Public School District or Independent School Email Address: _____

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

Information to release:

- | | |
|---|--|
| <input type="checkbox"/> All
<i>All information listed below</i> | <input type="checkbox"/> Status of application
<i>Application decision, outstanding items and deadlines</i> |
| <input type="checkbox"/> Name
<i>Current name(s)</i> | <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> |
| <input type="checkbox"/> Address
<i>Current address(s)</i> | <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> |
| <input type="checkbox"/> Phone
<i>Current phone number(s)</i> | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Email
<i>Current email address(es)</i> | _____ |

Effective Dates (maximum 2 years): From: _____ To: _____

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

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

Signature: _____ Date: _____

SPONSORSHIP AND BILLING AUTHORIZATION FORM

STUDENT DETAILS:			
Legal last name:		Legal first name:	
OC Student ID:		Date of birth (dd-mmm-yyyy)	
Student email:		Phone number:	

 Office
 use
 Only


SPONSORSHIP DETAILS:			
Program of study or courses:			
Dual credit: Are you a School District sponsoring a Dual Credit student?	Yes	No	
Terms covered:	Fall 20____ (Sep – Dec)	Winter 20____ (Jan-Mar)	Spring/Summer 20____ (Apr – Aug)
Dates of study:	From:		To:
Reference for invoicing, if applicable: (e.g. Auth. ID/PO#/File#)			

COSTS COVERED INCLUDE: Refer to <u>tuition and fees</u> on OC website		Maximum approved cost
Tuition and mandatory fees (e.g. OC Development Fee, Ed Tech Fee, Student Union Fees, material fees, etc.)		\$
Tuition ONLY		\$
Mandatory fees ONLY (e.g. OC Development, Ed Tech, Student Union, etc.)		\$
Non-refundable tuition deposit(s)		\$
Health and dental fees		\$
Books and supplies from OC Campus Stores (excluding school merchandise and electronics) (e.g. Uniforms, lab materials or kits, blood pressure kit, stethoscopes, PPE, calculators)		\$
Tool kits		\$
Other (please specify):		\$

SPONSOR DETAILS:			
Organization name:			
OC Customer ID, if known:			
Billing address:			
City:		Province:	Postal Code:
Authorized approver (printed name):			
Authorized signature:	<i>CMithing</i>		
Job title:			
Email address:			
Phone number:			
Alternate contact – name/title:			
Alternate contact – email address:			
Alternate contact – phone number:			
Requested billing method:			
By email to:			
By mail to the attention of:			

By signing this form, the sponsor acknowledges the agreement to be invoiced for any costs incurred by the student as outlined above, and confirms that the student has initiated a school-based application and has been approved by the school authority. A statement will be issued to the sponsor at the end of each month for any applicable charges, with payment due within 30 days of the statement date. Please provide a copy of this completed form to the sponsored student.



SD22 CAREER PROGRAMS

CONSENT FOR RELEASE OF INFORMATION

Student Name: _____
Last Name First Name Middle Name

I hereby grant permission to Vernon School District No. 22 (Vernon) Career Programs personnel to:

- Release academic, attendance, and discipline information and/or records to appropriate post-secondary schools and School District No. 22 staff.

- Discuss pertinent information with representative from appropriate post-secondary schools and School District No. 22 staff on a strictly confidential basis.

- Release and discuss the current Education Plan (IEP) with the post-secondary institution if applicable.

I understand the Vernon School District 22 Career Programs department will only use this information for application purposes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If you would like any further information regarding safety aspects of work sites, please contact your local WorkSafeBC office to speak with your area Safety Officer or call 604-276-3100 (toll free 1-888- 621-7233.)

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or person operate or cause to be operated any tool, appliance or equipment if that has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer. immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

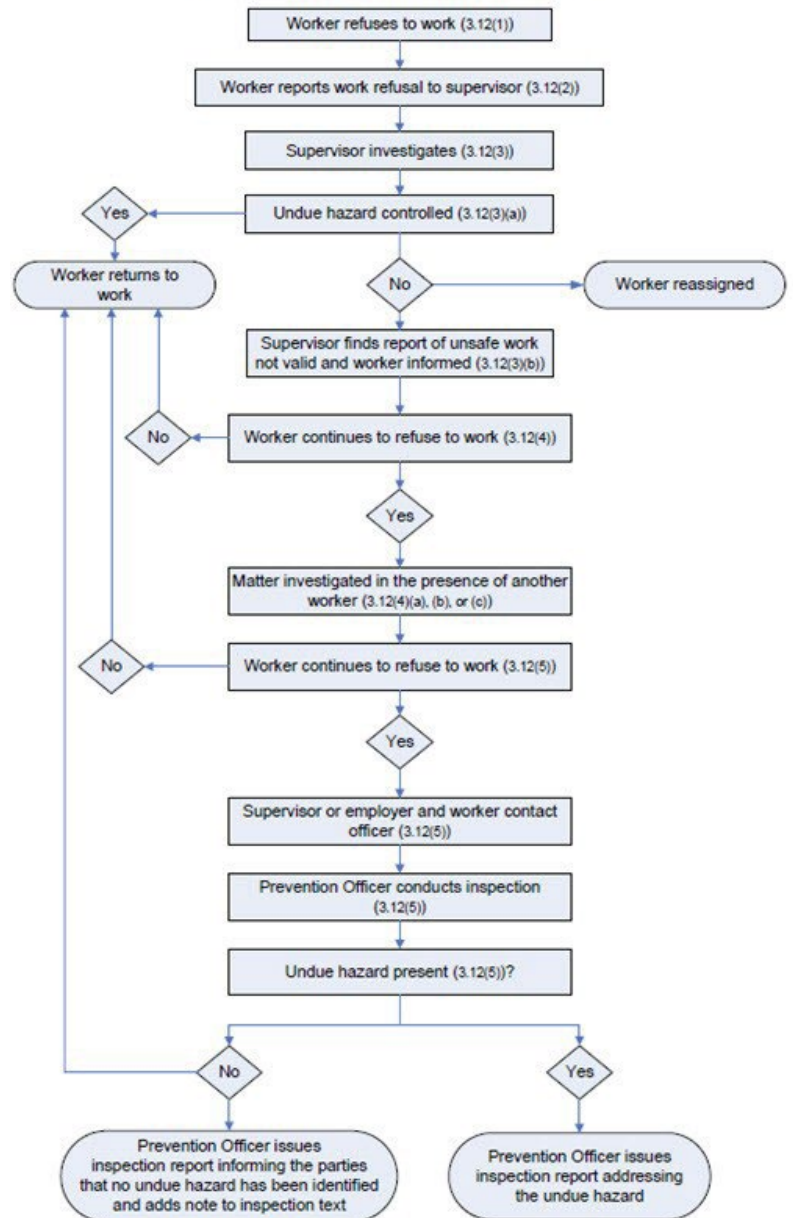
(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

- (a) a worker member of the joint committee,
- (b) a worker who is selected by a trade union representing the worker, or
- (c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

Flowchart for Regulation Guideline 3.12



I have reviewed the Refusal of Unsafe Work with my Career Coordinator

Student Name: _____


Student Signature: _____

Date: _____

Career Coordinator Signature: _____

Date: _____

First Name: _____ Last Name: _____ Grade: _____ School: _____

 Make an appointment with your Career Coordinator to develop a Transition Plan.

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. (Students must graduate when they complete their Dual Credit program.)
2. **Within the 80 Credits you MUST have:** ALL required courses Listed below, 5 Grade 12 courses, 1 Fine Art, Tech OR Applied Skill and 1 Indigenous-focused course (4 credit). (52 credits are required course credits and 28 are elective credits).

GRADE 10	
REQUIRED COURSES	CREDITS
1. English Language Arts 10	4
2. Social Studies 10	4
3. A Math 10	4
4. Science 10	4
5. Physical Education 10	4
6. Career Life Education 10	4
7. Fine Arts, Tech, Applied Skill 10, 11 or 12	4
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 10:	

GRADE 11	
REQUIRED COURSES	CREDITS
1. A Language Arts 11	4
2. A Social Studies 11 or 12	4
3. A Math 11	4
4. A Science 11 or 12	4
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 11:	

GRADE 12	
REQUIRED COURSES	CREDITS
1. A Language Arts 12	4
2. CLC & Capstone	4
ELECTIVE CREDITS	
<i>Must have at least two additional elective grade 12 courses other than English 12 and CLC to graduate. This could include elective grade 12 courses that you took in grade 11</i>	
Grad Requirement of Indigenous-focused course work (4 credit)	
Indigenous Credit	
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	
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Completing WorkSafe training is Mandatory for all students going in to a Dual Credit Program. If you have not received a WorkSafe Certificate in Planning 10/ CLE 10/CLC 12, then the following **Student WorkSafe 10-12 Independent Learning Guide and accompanying test** is required to be completed.

If you do have a WorkSafe Certificate please make a copy and bring it to your Career Coordinator for your file.

HOW TO GET STARTED

Student Worksafe 10-12
Independent Learning
Guide
SD#22 Version



1. Download and read the Student WorkSafe 10-12 Independent Learning Guide SD#22 Version:

https://sd22org-my.sharepoint.com/:b:/g/personal/careerprograms_sd22_bc_ca/IQBm3gaA2gUXQYpoDTFy90B0AR_wLc1GoYcGxuXyXwPigyE?e=Mk9AxV



2. Follow the link below to take the test. You must get at least 16/20 - retake the test if necessary. Let your Career Coordinator know when you have successfully completed the test.

TEST Link: <https://forms.gle/PjsnqFDYp25ZSKwt6>





SD22 CAREER PROGRAMS

TEACHER RECOMMENDATION

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine readiness for Career Programs. A quality response to the general comments section is also important.

Student Name: _____

School: _____

Teacher Name: _____

Teacher Email: _____

Course: _____

Teacher Signature: _____

Date Signed: _____

		POOR		TO		EXCELLENT
Attendance and Punctuality	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments: _____

Work Ethic	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: _____

Attitude	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: _____

Initiative/Motivation	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: _____

Interpersonal Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: _____

General Comments:

