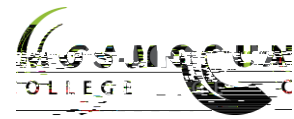


PATHWAYS FOR LIFE, LEARNING & WORK

2025 APPLICATION PACKAGE

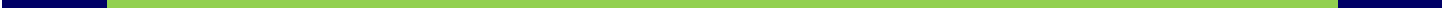
CAREER EDUCATION COORDINATOR(S)

Revised April 2024



PATHWAYS FOR LIFE, LEARNING & WORK PROGRAM INFORMATION

The Pathways for Life, Learning & Work program offers high school students, who have barriers to education and



STUDENT DECLARATION

Please read the following before signing:

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165 . The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected, used, and disclosed in compliance with those acts. Except as provided in the foregoing, the personal information collected on this form and other personal information that comprises your student record will not be disclosed to any other person without your consent. A "Permission to Release Information" form, available from Student Services and camosun.ca, must be signed in order for Camosun College to provide access or release your personal information to any other person. Camosun College may be required to release a student's personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or others.

- 1) I, the applicant, declare that all information contained on this application for admission is true and complete and no information has been withheld to the best of my knowledge.
- 2) I agree to abide by the rules, regulations and policies of Camosun College.
- 3) I understand the application fee is non-refundable, is required from all applicants to a program and the application will not be processed until this fee is received.
- 4) I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice

Signature of Applicant

Date

SCHOOL-BASED TEACHER RECOMMENDATION FORM

Student name: _____
(please print clearly)

1. Strengths displayed on a regular basis:

a) _____

b) _____

2. Areas requiring more attention:

a) _____

b) _____

3. Please comment on student readiness:

4. What goals do you see as important for this student to achieve through Pathways?

5. Is there anything else you think we should know that would impact success while at Camosun College?

Teacher Name

Teacher Signature

Date (D/M/Y)