

CHECKLIST FOR ADMISSION TO THE AHCOTE PROGRAM

PLEASE DO NOT MAIL *THE AHCOTE APPLICATION FORM* DIRECTLY TO SIMON FRASER UNIVERSITY. SEND *THE FORM, WORK RELATED REFERENCE FORMS AND TRANSCRIPTS* TO THE AHCOTE OFFICE BY JANUARY 15TH.

STEP 1: Admission to the AHCOTE Program

- Have you read the information on Simon Fraser University's admission policies (available at the following web site: <http://students.sfu.ca/adm/>)?
- Have you included the completed AHCOTE application form?
- Have you arranged for three completed AHCOTE reference forms to be submitted? At least two from work or volunteer experience, one may be from your academic experience. References from your current direct supervisor (when applicable) are highly recommended. Please inform your referee of the importance of the **January 15** deadline.
- Have you written a covering letter telling us who you are and why you want to be a teacher? Include any details that don't fit in the application form. Please include information on how to contact you for the required interview.
- Have you enclosed your resume (not more than two pages in length) outlining your paid and non-paid work experience, your special skills, talents, and interests?

STEP 2: Admission to Simon Fraser University

- Have you **applied online** at <http://students.sfu.ca>?

FEES

- All cheques** are payable to **Simon Fraser University**. (You may need to send more than one cheque.)
- First-time applicant to Simon Fraser University? Did you send your payment to SFU? (see SFU website for amount.)
- Transcripts from outside B.C.?. Did you send your payment to SFU? (see SFU website for amount.)

- Late Entry Applicant to AHCOTE? (PDP Fee)
Upon acceptance into AHCOTE, a PDP fee will be requested, to be submitted by the deadline in your AHCOTE acceptance letter. (This will need to be a cheque or money order made out to SFU but sent the to AHCOTE office.)
Note:
Please be advised that there may be applicable student fees for both NLC and SFU once you are admitted.

TRANSCRIPTS

- Have you sent two copies of all relevant (e.g., secondary, post-secondary) transcripts to the AHCOTE office? These must be **official**, dated within the current year. Unofficial copies are not acceptable.
Note: You may need to send them in prior to the January 15th deadline and again once your final grades are in for the semester.

LANGUAGE

- If English is not your first language, please contact the AHCOTE office at (250) 785-6981 for further information.

Return completed, signed, and dated AHCOTE application with supporting documents by January 15 to:

Fort St. John applicants:
AHCOTE Program
Northern Lights College
Box 1000, 9820 - 120 Avenue
Fort St. John, BC V1J 6K1
Fax: (250) 787-6227



Dawson Creek applicants:
AHCOTE Program
Northern Lights College
11401 - 8th Street
Dawson Creek, BC V1G 4G2
Fax: (250) 784-7610

Fort Nelson applicants:
Please send to Fort St. John

There will be a "written response" component emailed to you for completion soon after the Jan. 15th deadline. There are also student interviews held in mid-May.

Decisions on admission to the AHCOTE Program should be completed by mid-June. Applicants are advised by letter concerning their admission status.

You must be admissible to SFU to be accepted into the AHCOTE program.



APPLICATION FOR ADMISSION TO THE AHCOTE PROGRAM

Family name _____ Given names _____ SFU Student # _____

Preferred name _____ Date of Birth _____

Family name at birth _____ Other previous family names _____

Mailing address _____

Telephone Home (____) _____ Work (____) _____

E-mail address _____ Fax (____) _____

Country of citizenship _____ Languages spoken/written _____

Do you have any physical limitations that might require special support? No Yes If yes, explain briefly.

Have you applied to the AHCOTE program before? _____ If yes, when? _____

Please indicate which AHCOTE site(s) you are able to attend (in order of preference):

Fort St. John _____ Dawson Creek _____ Fort Nelson* _____

**Fort Nelson subject to funding and registration*

I am applying for Regular Entry Late Entry

If you are applying for Late Entry, are you interested in an Elementary or a Secondary Program?

(NOTE: Secondary applicants must have an acceptable degree with a teachable major or two teachable minors.)

If Secondary, indicate degree and major or minors _____

Please provide details of any **related experience with school age children**. This may include part-time, full-time, paid or volunteer work. A work related reference form documenting such work should be included among your references. Describe the context in which the work was done, what you did, how long you spent, and when you began and finished.

Position # 1: Title _____ What you did _____

For how long (hrs/week) _____ Start/end dates _____

Position # 2: Title _____ What you did _____

For how long (hrs/week) _____ Start/end dates _____

Freedom of Information and Protection of Privacy

The information on this form is collected under the authority of the *University Act* (RSBC 1996, c.468, s. 27(4)(a)). It is related directly to and needed by the AHCOTE Program to process your application for admission. The information will be used to verify qualifications and decide your eligibility for admission. Once admitted, your grades and other information about your academic progress in the Program will be shared with the AHCOTE Site Committee which is responsible for administering the Program. If you have any questions about the collection and use of this information, please call the AHCOTE office, (250) 785-6981 or (250) 784-7543.

I certify that all statements on this application are true and complete. I consent to the disclosure of information on this form to other education institutions when necessary to verify my qualifications. I understand failure to provide my consent or any misrepresentation may result in non-admission or withdrawal from the AHCOTE Program.

Signature _____

Date _____



AHCOTE (ALASKA HIGHWAY CONSORTIUM ON TEACHER EDUCATION)

WORK RELATED OR VOLUNTEER EXPERIENCE REFERENCE FORM (# 1 of 3)

Name of applicant _____

Address _____ Postal Code _____

Telephone number _____ E-mail _____

The above applicant has applied to the AHCOTE Program, a teacher education program. Applicants are evaluated on the reference letters submitted in support of their application. Please provide detailed responses to these questions to assist in our evaluation of the application.

1. Please describe the nature of the work the applicant has done.

2. What was your relationship to the applicant during this time?

3. How long has the applicant worked in this situation? (hours per week, number of weeks, months, years?)

4. What kind of supervision did the applicant receive during this time?

5. What was the applicant's response to feedback?

6. What are your perceptions of the applicant's interaction with students / children?

7. Please rate the applicant with respect to the following:

	Weak	Satisfactory	Good	Excellent
a) performance of assigned tasks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) sense of responsibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Weak	Satisfactory	Good	Excellent
c) ability to function independently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) thoughtfulness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) ability to handle several tasks at once:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) positive outlook:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) openness to different points of view:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) flexibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Should you wish to provide further information on any of the above areas or wish to provide additional information on this applicant, please use this space:

9. In your view, what would make this applicant a good colleague?

Name of Referee _____

Institution/Agency _____

Telephone _____ E-mail _____

Position/Title _____

Signature _____ Date _____

The British Columbia Freedom of Information and Protection of Privacy Act allows an applicant to have access to the information contained in his/her letters of reference where that can be done without disclosing the identities of the referees who supply a reference in confidence. It is understood between the AHCOTE Program and yourself that the reference on this form is supplied in confidence.

To be returned **before January 15th** by the referee to:

For Fort St. John applicants: AHCOTE, Box 1000, 9820 - 120 Avenue, Fort St. John, BC V1J 6K1
or by Fax to: (250) 787-6227.

For Dawson Creek applicants: AHCOTE, 11401 - 8 St Street, Dawson Creek, BC V1G 4G2
or by Fax to: (250) 784-7610.

CONFIDENTIAL - WILL BE USED IN ADMISSION PROCESS ONLY



AHCOTE (ALASKA HIGHWAY CONSORTIUM ON TEACHER EDUCATION)

WORK RELATED OR VOLUNTEER EXPERIENCE REFERENCE FORM (# 2 of 3)

Name of applicant _____

Address _____ Postal Code _____

Telephone number _____ E-mail _____

The above applicant has applied to the AHCOTE Program, a teacher education program. Applicants are evaluated on the reference letters submitted in support of their application. Please provide detailed responses to these questions to assist in our evaluation of the application.

1. Please describe the nature of the work the applicant has done.

2. What was your relationship to the applicant during this time?

3. How long has the applicant worked in this situation? (hours per week, number of weeks, months, years?)

4. What kind of supervision did the applicant receive during this time?

5. What was the applicant's response to feedback?

6. What are your perceptions of the applicant's interaction with students / children?

7. Please rate the applicant with respect to the following:

	Weak	Satisfactory	Good	Excellent
a) performance of assigned tasks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) sense of responsibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Weak	Satisfactory	Good	Excellent
c) ability to function independently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) thoughtfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) ability to handle several tasks at once:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) positive outlook:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) openness to different points of view:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) flexibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Should you wish to provide further information on any of the above areas or wish to provide additional information on this applicant, please use this space:

9. In your view, what would make this applicant a good colleague?

Name of Referee _____

Institution/Agency _____

Telephone _____ E-mail _____

Position/Title _____

Signature _____ Date _____

The British Columbia Freedom of Information and Protection of Privacy Act allows an applicant to have access to the information contained in his/her letters of reference where that can be done without disclosing the identities of the referees who supply a reference in confidence. It is understood between the AHCOTE Program and yourself that the reference on this form is supplied in confidence.

To be returned **before January 15th** by the referee to:

For Fort St. John applicants: AHCOTE, Box 1000, 9820 - 120 Avenue, Fort St. John, BC V1J 6K1
or by Fax to: (250) 787-6227.

For Dawson Creek applicants: AHCOTE, 11401 - 8 St Street, Dawson Creek, BC V1G 4G2
or by Fax to: (250) 784-7610.

CONFIDENTIAL - WILL BE USED IN ADMISSION PROCESS ONLY



WORK RELATED OR VOLUNTEER EXPERIENCE REFERENCE FORM (# 3 of 3)

Name of applicant _____

Address _____ Postal Code _____

Telephone number _____ E-mail _____

The above applicant has applied to the AHCOTE Program, a teacher education program. Applicants are evaluated on the reference letters submitted in support of their application. Please provide detailed responses to these questions to assist in our evaluation of the application.

1. Please describe the nature of the work the applicant has done.

2. What was your relationship to the applicant during this time?

3. How long has the applicant worked in this situation? (hours per week, number of weeks, months, years?)

4. What kind of supervision did the applicant receive during this time?

5. What was the applicant's response to feedback?

6. What are your perceptions of the applicant's interaction with students / children?

7. Please rate the applicant with respect to the following:

	Weak	Satisfactory	Good	Excellent
a) performance of assigned tasks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) sense of responsibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Weak	Satisfactory	Good	Excellent
c) ability to function independently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) thoughtfulness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) ability to handle several tasks at once:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) positive outlook:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) openness to different points of view:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) flexibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Should you wish to provide further information on any of the above areas or wish to provide additional information on this applicant, please use this space:

9. In your view, what would make this applicant a good colleague?

Name of Referee _____

Institution/Agency _____

Telephone _____ E-mail _____

Position/Title _____

Signature _____ Date _____

The British Columbia Freedom of Information and Protection of Privacy Act allows an applicant to have access to the information contained in his/her letters of reference where that can be done without disclosing the identities of the referees who supply a reference in confidence. It is understood between the AHCOTE Program and yourself that the reference on this form is supplied in confidence.

To be returned **before January 15th by the referee** to:

For Fort St. John applicants: AHCOTE, Box 1000, 9820 - 120 Avenue, Fort St. John, BC V1J 6K1
or by Fax to: (250) 787-6227.

For Dawson Creek applicants: AHCOTE, 11401 - 8 St Street, Dawson Creek, BC V1G 4G2
or by Fax to: (250) 784-7610.

CONFIDENTIAL - WILL BE USED IN ADMISSION PROCESS ONLY