



Student Name: _____ School: _____

Program: Computer Info Systems Administration (CISA) Start Mo/Yr: _____ / _____



CENTRAL OKANAGAN PUBLIC SCHOOLS

DUAL CREDIT APPLICATION

**COMPUTER INFORMATION
SYSTEMS ADMINISTRATION
(CISA) 12**

DUAL CREDIT PROGRAM CHECKLIST

Last Name: _____ First Name: _____

School: _____ Grade: _____ Grad Year: _____

* Name of Program: Computer Information Systems Admin Start Date: _____

In order to qualify for a Central Okanagan Public Schools Dual Credit Program, the following steps must be complete:

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

- 1. **Central Okanagan Public Schools application form**
- 2. **Job Profile** Research Project
- 3. **Program Shadow**
- 4. **Teacher recommendation** (Teacher should be from a related program).
- 5. A copy of your **Birth Certificate** or Canadian Citizenship.
- 6. A record of your **attendance** (Career Centre will provide).
- 7. A copy of your school **transcript** (gr 10-12) (Career Centre will provide).
- 8. **Transition Plan** – signed by parents, and student.

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 First Nations Heritage? Yes No Canadian Citizen Yes No

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 Behavior 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.

JOB PROFILE RESEARCH PROJECT

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

RESEARCH through the internet, an employee or instructor of a related program.

- [WorkBC: https://www.workbc.ca/jobs-careers.aspx](https://www.workbc.ca/jobs-careers.aspx)
- www.bcit.ca
- www.okanagan.bc.ca

Name of the Dual Credit Program: _____

1. Describe the Dual Credit Program: _____

2. What are some of your job duties and responsibilities in this occupation?

3. Schools in BC that offer a program similar to CISA or further education:

4. Salary Expected: (*indicate the source where you found the expected wage*). _____

5. Based on your research, are there any workshops, high school courses, or certificate courses that are regarded as being useful to have, in looking for employment in this career? (i.e.: WHMIS, First Aid, Work Safe, Food Safe, Serving it Right, CISCO, STAR etc.) _____

DUAL CREDIT PROGRAM SHADOW

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

What did you do on your Program Shadow?

What did you enjoy the most?

What did you enjoy the least?

What are some of the safety factors associated with this occupation?

What are some things you found out about this occupation that you did not know before?

Based on your research and Program Shadow...are you still interested in this occupation/career? Why?

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 Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Work Ethic Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Attitude Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mechanical Ability in Field Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Initiative/Motivation Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Interpersonal Skills/Citizenship Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. General Comments: _____ | | | | |

Teacher Signature: _____

Date: _____

DUAL CREDIT TRANSITION PLAN

Date: _____

Last Name: _____ **First Name:** _____

School: Central GESS KSS MBSS OKM RSS
(circle one)

☞ **Make an appointment with your Career Coordinator/Counsellor to develop an Education/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. Attach DVR

| REQUIRED COURSES <i>(52 credits)</i> | | | | ELECTIVE COURSES <i>(28 credits)</i> | |
|---|---------|----------------------------|---------|--|--------------------------------------|
| Course | Credits | Course | Credits | Students can choose to complete elective courses through a Dual Credit Program. Select one below | |
| English 10 | 4 | English 11 | 4 | Transition Pathway | |
| Fine Arts 10 | 4 | Social Studies 11, | 4 | <input type="checkbox"/> Business | <input type="checkbox"/> Health |
| Science 10 | 4 | Science 11 or 12 | 4 | <input type="checkbox"/> Technology | <input type="checkbox"/> Science |
| Math 10 | 4 | Math 11 or 12 | 4 | <input type="checkbox"/> Communications | <input type="checkbox"/> Occupations |
| Social Studies 10 | 4 | English 12 | 4 | <input type="checkbox"/> Other | |
| PE 10 | 4 | Career Life Connections/GT | 4 | Specify Pathway: | |
| Career Life Education/PL | 4 | | 4 | | |

| Grade 11 | | Grade 12 | | POST-SECONDARY |
|-----------------------|--------------|----------------------------------|--------------|---------------------------------------|
| <i>Sem 1</i> | <i>Sem 2</i> | <i>Sem 1</i> | <i>Sem 2</i> | <i>(Transition Program/Course(s))</i> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Credits: | | Total Credits: | | Total Credits: |
| | | Predicted Graduation Date | | |

Student Signature

Parent/Guardian Signature

Career Coordinator/Counsellor Signature