



# WEIWAIKUM FIRST NATION

1650 Old Spit Road, Campbell River, BC, Canada V9W-3E8

Tel.: (250) 286-6949

Fax.: (250) 287-8838

TOLL FREE: 1-877-286-6949

## Letter of Intent

Student Information
Name:
Career Goal:
Target Finish Date:
Date Achieved:

Career Goal: Why did you choose this career? Have you ever worked or volunteered in this area? Explain

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Where do you see yourself in 5 years?

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Do you plan to advance your education beyond this level in the future? If so when?

\*Note: all levels of sought education must be declared on original application to be considered continuing student or updated as soon as possible.

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Do you require any accommodation/modifications in order to be successful?

IE: Disability status, Previous Individual Education Plan.

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<b>Institution Information</b>
Name:
Address:
Campus Name:

Why did you choose this Institution?

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Program Information for current year

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

September-December		January-April		May-August	
Course Name	Credit	Course Name	Credit	Course Name	Credit

Declared Major/Minor: \_\_\_\_\_