



## French Conversation Beginner Levels 1, 2 and 3

College of the North Atlantic's Customized and Continuous Learning (CCL) department will provide **French Conversation Beginner Level 1, 2 and 3** at CNA campuses across Newfoundland and Labrador.

These courses are **free of charge** with financial assistance provided through the *Canada - Newfoundland and Labrador Agreement for Minority-Language Education and Second Official-Language Instruction*.

If you are interested in this learning opportunity to gain French language speaking and listening skills in a conversational setting, please contact **Charissa McHugh-Croke** – [charissa.mchugh@cna.nl.ca](mailto:charissa.mchugh@cna.nl.ca) or call **709 596 8920**

### French Conversation Level 1

Tues. & Thurs., 6:30 – 9:00 p.m.

January 13 - 31, 2026

Registration Deadline: Jan. 10, 2026

### French Conversation Level 2

Tues. & Thurs., 6:30 – 9:00 p.m.

February 3 - 26, 2026

Registration Deadline: Jan. 30, 2026

### French Conversation Level 3

Tues. & Thurs., 6:30 – 9:00 p.m.

March 3 - 26, 2026

Registration Deadline: Feb. 27, 2026

Location: Carbonear Campus

All Classes pending sufficient enrolment





APPLICATION FOR ADMISSION  
PROCEDURE FOR APPLYING TO COLLEGE PROGRAMS

NEW: APPLICANTS CANNOT HAVE MORE THAN TWO ACTIVE APPLICATIONS FOR THE SAME ACADEMIC YEAR

THE APPLICANT MUST SUBMIT:

- Fully completed application form.
- Official high school transcript or high school equivalency marks (post-secondary transcript for post-diploma programs):
  - For Newfoundland and Labrador applicants:
    - If you attended/graduated High School in Newfoundland and Labrador prior to 2020, the College can obtain your high school marks directly from the Department of Education if you provide your MCP number on your application.
    - If you attended/graduated High School in Newfoundland and Labrador in 2020 or later, the College can obtain your high school marks directly from the Department of Education if you provide your High School Student # on your application.
    - If you are presently in Level III of High School in Newfoundland and Labrador, the College will obtain a copy of your high school marks directly from the Department of Education once final marks are available, as long as you provide your High School Student # on your application.
  - For Canadian applicants outside of Newfoundland and Labrador:
    - Forward official transcript of high school marks or high school equivalency marks to the campus address you applied to.
  - For International applicants:
    - Forward official transcripts to the Prince Philip Drive Campus, regardless of the program/campus being applied to.
- A non-refundable application processing fee (\$30 Canadian citizens, \$100 International applicants) must accompany the completed application.
  - Application fee is required for all College programs EXCEPT individualized courses through Distributed Learning or Continuous Learning courses
  - Cheques or money orders must be made payable to College of the North Atlantic
  - If more than two applications are submitted, the application fees for the extra applications will not be refunded.**

Some programs require additional supporting documentation. Refer to the College Calendar for specific requirements related to your program of choice. Application is complete when ALL documentation is received.

APPLICATION FORM SHOULD BE MAILED TO THE CAMPUS WHERE THE PROGRAM IS OFFERED.  
REFER TO THE COLLEGE CALENDAR OR WEBSITE ([www.cna.nl.ca](http://www.cna.nl.ca)) FOR PROGRAMS OFFERED AT EACH CAMPUS.

- |                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Baie Verte Campus<br>1 Terra Nova Road<br>Baie Verte, NL<br>Canada A0K 1B0<br>Telephone: (709) 532 8066<br>Fax: (709) 532 4624                             | <input type="checkbox"/> Clarenville, Bonavista and<br>Distributed Learning Campuses<br>69 Pleasant Street<br>Clarenville, NL<br>Canada A5A 1V9<br>Telephone: (709) 466 6901<br>Fax: (709) 466 2771 | <input type="checkbox"/> Happy Valley-Goose Bay and<br>Labrador West Campuses<br>P.O. Box 1720 Stn 'B'<br>Happy Valley – Goose Bay, NL<br>Canada A0P 1E0<br>Telephone: (709) 896 6300<br>Fax: (709) 896 3733 |
| <input type="checkbox"/> Bay St. George and<br>Port aux Basques Campuses<br>P.O. Box 5400<br>Stephenville, NL<br>Canada A2N 2Z6<br>Telephone: (709) 643 7838<br>Fax: (709) 643 7734 | <input type="checkbox"/> Corner Brook and St. Anthony<br>Campuses<br>P.O. Box 822<br>Corner Brook, NL<br>Canada A2H 6H6<br>Telephone: (709) 637 8530<br>Fax: (709) 634 2126                         | <input type="checkbox"/> Prince Philip Drive Campus<br>P.O. Box 1693<br>St. John's, NL<br>Canada A1C 5P7<br>Telephone: (709) 758 7284<br>Fax: (709) 758 7304                                                 |
| <input type="checkbox"/> Burin Campus<br>P.O. Box 370<br>Burin Bay Arm, NL<br>Canada A0E 1G0<br>Telephone: (709) 891 5600<br>Fax: (709) 891 2812<br>Toll Free: 1 800 838 0976       | <input type="checkbox"/> Grand Falls-Windsor Campus<br>5 Cromer Avenue<br>Grand Falls – Windsor, NL<br>Canada A2A 1X3<br>Telephone: (709) 292 5600<br>Fax: (709) 489 5765                           | <input type="checkbox"/> Ridge Road Campus<br>P.O. Box 1150<br>St. John's, NL<br>Canada A1C 6L8<br>Telephone: (709) 758 7000<br>Fax: (709) 758 7059                                                          |
| <input type="checkbox"/> Carbonear and<br>Placentia Campuses<br>4 Pike's Lane<br>Carbonear, NL<br>Canada A1Y 1A7<br>Telephone: (709) 596 6139<br>Fax: (709) 596 2688                | <input type="checkbox"/> Gander Campus<br>P.O. Box 395<br>Gander, NL<br>Canada A1V 1W8<br>Telephone: (709) 651 4800<br>Fax: (709) 651 4854                                                          | <input type="checkbox"/> Seal Cove Campus<br>1670 Conception Bay Highway<br>P.O. Box 19003<br>Conception Bay South, NL<br>Canada A1X 5C7<br>Telephone: (709) 744 2047<br>Fax: (709) 744 3929                 |

PRIVACY NOTICE

College of the North Atlantic (CNA) is collecting your personal information under the authority of the College Act, 1996, and the Access to Information and Protection of Privacy (ATIPP) Act, 2015. Your personal information is being collected for the purpose of assigning or validating your CNA student identification number; processing your application; verifying your qualifications and determining eligibility for admission, administering student records, scholarships and awards; documenting your progress in your academic program; providing student and alumni services; institutional research and planning. This information and any information generated about you during the course of your studies at CNA will be used by college employees to complete their work in relation to your studies. It may be shared with the following: academic and administrative units of the College in accordance with the policies and procedures of CNA; the Government of Newfoundland and Labrador or the Government of Canada as required by law for reporting purposes; donors (or their representatives) of scholarships, awards and bursaries administered by the College; high school and post-secondary institutions as required for new and transfer applications; student health insurance providers as necessary. Your personal information is protected from unauthorized collection, access, use and disclosure in accordance with the ATIPP Act, 2015. It can be reviewed or corrected upon request. If you would like to further discuss how CNA collects and uses your personal information, please contact the College's Registrar at College of the North Atlantic – Headquarters, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, telephone (709) 643 0827, or e-mail [registrar@cna.nl.ca](mailto:registrar@cna.nl.ca).

STUDENT DECLARATION

In submitting this information, I declare that the information in this application is correct and complete. I understand that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to College of the North Atlantic (CNA) and if it occurs or is discovered after admission, may be expelled from the College. I further acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrollment at other post-secondary institutions on the application. I understand that information on falsified documents or fraudulent admission may be shared with the Association of Registrars of the Universities and Colleges of Canada, and I hereby consent to same. In submitting this application, I agree to be bound by the policies, rules and regulations set forth by College of the North Atlantic.

Please indicate Student ID Number if you previously attended CNA or one of the previous colleges

| APPLICANT – PERSONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                |                     |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|
| First Name:<br><small>(Same as on Government issued documents)</small>                                                                                                                                                                                                                                                                                                                                                                                             |  | Middle Name:<br><small>(Same as on Government issued documents)</small>                                                                        |                     | Last Name:<br><small>(Same as on Government issued documents)</small> |
| Previous Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                | Date of Birth:      | mm      dd      yy                                                    |
| MCP Number #:<br><small>(12 digits - Mandatory for applicants who attended/graduated a NL High School prior to 2020)</small>                                                                                                                                                                                                                                                                                                                                       |  | High School Student Number #:<br><small>(7 digits - Mandatory for applicants who attended/graduated a NL High School in 2020 or later)</small> |                     |                                                                       |
| SIN:<br><small>(Mandatory for Canadian students in accordance with the regulations of the Income Tax Act)</small>                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                |                     |                                                                       |
| Gender:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Marital Status:                                                                                                                                |                     |                                                                       |
| Home Address:<br>P.O. Box _____ (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                | Phone: _____ (home) |                                                                       |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Prov:                                                                                                                                          | Postal Code:        |                                                                       |
| Mailing Address: <small>(if different from home)</small><br>P.O. Box _____ (if applicable)                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                | Phone: _____ (cell) |                                                                       |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Prov:                                                                                                                                          | Postal Code:        |                                                                       |
| E-mail: <small>(must be the applicant's e-mail)</small>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                |                     |                                                                       |
| <p>The following information could help CNA to improve student services and program offerings.</p> <p>Are you an Indigenous person?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Prefer not to say</p> <p>If you are an Indigenous person, please indicate which Indigenous organization you are a member of (for example, Miawpukek First Nation, Sheshatshiu Innu First Nation, Qalipu First Nation, etc.): _____</p> |  |                                                                                                                                                |                     |                                                                       |

**NEW: Applicants cannot have more than two active applications for the same academic year. If more than two applications are submitted, the application fees for the extra applications will not be refunded.**

| APPLICATION FOR PROGRAM                                                                                                                                                                                                                     |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Program for which you are applying:                                                                                                                                                                                                         | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Online <small>(check our <a href="#">Program Guide</a> to confirm campus &amp; delivery method)</small><br><input type="checkbox"/> On Campus    Specify Campus: _____                                             |                                                                          |
| Are you applying for Advanced Standing in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, ensure appropriate documents are submitted)</small>                                                        |                                                                          |
| If applying for a program that requires a driver license, please indicate if you have a valid driver license below:<br>Driver License: <input type="checkbox"/> Yes <input type="checkbox"/> No      Date Received: _____      Class: _____ |                                                                          |
| If applying for individual courses as a part-time student, please indicate the courses below:                                                                                                                                               |                                                                          |
| _____                                                                                                                                                                                                                                       | <input type="checkbox"/> On Campus <input type="checkbox"/> Online       |
| _____                                                                                                                                                                                                                                       | <input type="checkbox"/> On Campus <input type="checkbox"/> Online       |
| _____                                                                                                                                                                                                                                       | <input type="checkbox"/> On Campus <input type="checkbox"/> Online       |

| PREVIOUS EDUCATION                                                                                            |             |       |                        |      |
|---------------------------------------------------------------------------------------------------------------|-------------|-------|------------------------|------|
| Are you in High School now? <input type="checkbox"/> No, date last attended _____ Last Grade Completed: _____ |             |       |                        |      |
| <input type="checkbox"/> Yes, anticipated date of graduation _____ Name of High School _____                  |             |       |                        |      |
| Have you ever attended a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No      |             |       |                        |      |
| If yes, please list the program, institution, location, highest level achieved, and date last attended.       |             |       |                        |      |
| Program                                                                                                       | Institution | Prov. | Highest Level Attained | Date |
|                                                                                                               |             |       |                        |      |
|                                                                                                               |             |       |                        |      |

| SPECIAL REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| If you have a documented disability, (such as a physical disability, mental health disorder, learning disability or cognitive disability), you could be eligible for services related to your disability. The Accessibilities Services Coordinator can discuss your accessibility-related needs. For more information, visit the <a href="#">Accessibility Services</a> page of the CNA website. |  |
| Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                               |  |

| CITIZENSHIP                                                                                                                                                                                                                                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Out of Province Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                             |                                |
| International Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                               | Country of Citizenship: _____  |
| Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa                                                                  |                                |
| Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, what is your first language? _____                                                                                                           |                                |
| Applicants whose first language is not English must meet the College's English proficiency requirements. The College will accept the recognized tests below.                                                                                    |                                |
| Date Written: _____mm _____dd _____yy                                                                                                                                                                                                           |                                |
| CAEL Score: _____                                                                                                                                                                                                                               | Duolingo Score: _____          |
| MELAB Score: _____                                                                                                                                                                                                                              | MET Score: _____               |
| TOEFL - Paper Based Score: _____                                                                                                                                                                                                                | OR Internet Based Score: _____ |
| IELTS Academic Overall Band Score: _____                                                                                                                                                                                                        |                                |
| Pearson PTE Academic English Test Score: _____                                                                                                                                                                                                  |                                |
| OR Computer Based Score: _____                                                                                                                                                                                                                  |                                |
| I hereby authorize the College to have access to my academic record from the Department of Education, or any other educational institution. I declare that I have completed this application accurately to the best of my knowledge and belief. |                                |
| Signature of Applicant _____                                                                                                                                                                                                                    | Date _____                     |