



MEDICINE HAT COLLEGE

Enrolment Services

Ph: 403.504.3697 Fax: 403.504.3521

registration@mhc.ab.ca

Verification/Confirmation of Enrolment

PLEASE READ ALL FORMS CAREFULLY! Prior to presenting your forms to Registration staff, mailing or faxing in your forms, you must ensure that all relevant sections have been completed, and provide signatures where requested. **Incomplete forms will not be processed**, and will be returned to the student.

PLEASE ALLOW 3 WORKING DAYS TO COMPLETE FORMS

Please attach forms which are required to be completed

Student Information (PLEASE PRINT)

Medicine Hat College Student ID Number: _____

Last Name: _____ First Name: _____

Phone Number: _____

Program of Study: _____ Year of Study: _____

Student Signature: _____ Date: _____

****Service Canada forms will be completed after the first day of class****

Before enrolment is confirmed you must be registered for the current or future terms.

Confirmation letter is required for: Fall Winter Spring

Hold for Pick-up *(Photo ID required)*

Email/Mail Form to *(please provide email/ mailing address – PLEASE PRINT)*

Fax

The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.