



# SUNRISE COLLEGIATE PARTNERSHIP APPLICATION

Brooks Campus  
200 HORTICULTURAL STATION RD E  
BROOKS, AB T1R 1E5  
Phone: 403.362.1677

Have you previously applied or attended Medicine Hat College Program?  YES  NO

Alberta Student Number \_\_\_\_\_

If YES, Student ID Number (if known) \_\_\_\_\_

PLEASE PRINT CLEARLY

## PERSONAL INFORMATION

Last Name (Legal)		First Name (Legal)		Middle Name
Previous/Maiden Name (if applicable)		Preferred Name		
Permanent Mailing Address		City/Town	Province	Postal Code
Current Address – if different		City/Town	Province	Postal Code
Telephone Number - Home		Telephone Number - Cell		Telephone Number - Other
Date of Birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Declared <input type="checkbox"/> Other Gender		E-mail Address	
Emergency Contact Name:			Telephone Number	
<b>Citizenship</b> <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/ Landed Immigrant <input type="checkbox"/> Refugee Status <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Visa  Country of Citizenship _____			<b>Indigenous Applicants</b> <b>IF YOU WISH TO DECLARE THAT YOU ARE AN INDIGENOUS PERSON,</b> <b>PLEASE SPECIFY</b> <input type="checkbox"/> First Nations/ Status <input type="checkbox"/> First Nations / Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit  <small>Medicine Hat College is collecting this information on behalf of Alberta Advanced Education and post-secondary institutions, pursuant to Section 33(c) of the FOIP Act, as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Indigenous learner success. For further information or if you have questions regarding the collection activity, please contact Office of the Director, Data Management and Governance, Post-Secondary Policy and Strategy, Alberta Advanced Education, 10155-102 Street, Edmonton, Alberta, T5J 4G8, (780) 422-4322.</small>	
First Language Spoken _____				
Language of Instruction _____				

Applying to begin 20 \_\_\_\_\_

### Semester

Fall (September start)

Winter (January start)

Spring (April start)

Please fill out a Medicine Hat College application form if your intention is to mix upgrading and Post-Secondary courses.

## EDUCATION HISTORY

<b>High School currently/last attended</b> School Name _____	<b>City/Town</b> _____	<b>Province</b> _____
<b>Highest Grade Completed</b> _____	<b>Diploma Expected</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Month:</b> _____ <b>Year:</b> _____	

## METHOD OF PAYMENT

Payment for application is **only required for students age 20** and above by September 1 of the academic year in which you intend to begin.

The application fee is \$75 – please check one of the following options for payment:

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Cash.  | <input type="checkbox"/> VISA       |
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Mastercard |

## DECLARATION

By signing below, I acknowledge that I:

- Consent to have Alberta Education and other Alberta Post-Secondary institutions, which I have indicated I have attended and who participate in ApplyAlberta, to send Medicine Hat College electronic copies of my transcripts.
- Authorize Medicine Hat College to collect electronic copies of my transcripts from Alberta Education and the other ApplyAlberta institutions that I have indicated I have attended.
- Consent for Medicine Hat College and Grasslands School Division to share information as it pertains to the collaborative partnership as required to support your learning, and reporting requirements.

### Freedom of Information & Privacy Statement

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](mailto:foip@mhc.ab.ca).

For questions regarding your application call Admissions at 403.529.3827.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_