



# MEDICINE HAT COLLEGE APPLICATION FOR ADMISSION

Medicine Hat Campus  
299 COLLEGE DRIVE SE  
MEDICINE HAT, AB T1A 3Y6  
Phone: 403.529.3844 Toll Free 1.866.282.8394

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

### Freedom of Information & Privacy

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, T1A 3Y6, or 403-529-3800 or [foip@mhc.ab.ca](mailto:foip@mhc.ab.ca).

Alberta Student Number (ASN) _____ Have you previously applied or attended Medicine Hat College? If YES, please provide your MHC Student ID number (if known) _____
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## PERSONAL INFORMATION

<b>Last Name</b> (Legal)		<b>First Name</b> (Legal)		<b>Middle Name</b> (Legal)	
<b>Previous/Maiden Name</b> (if applicable)			<b>Preferred Name</b>		
<b>Date of Birth</b> ____/____/____ MM DD YYYY		<b>Gender</b>		<b>Contact Number</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell	
<b>Permanent Address</b>		<b>City/Town</b>		<b>Province</b>	<b>Postal Code</b>
<b>Mailing Address</b> (if different from above)		<b>City/Town</b>		<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>			<b>Social Insurance Number</b>		
<b>Emergency Contact</b>		<b>Relationship</b>		<b>Contact Number</b>	

<b>Citizenship</b>					
<input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/ Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa					
<b>Country of Citizenship</b> _____			<b>First Language Spoken</b> _____		

<b>Indigenous Applicants</b>					
If you wish to declare that you are an Indigenous person, please specify:					
<input type="checkbox"/> First Nations/ Status		<input type="checkbox"/> First Nations / Non-Status		<input type="checkbox"/> Metis <input type="checkbox"/> Inuit	
Medicine Hat College is collecting this information on behalf of Alberta Advanced Education and postsecondary 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.					

<b>Military Service</b>					
You may choose to indicate whether you are a current or former member of Canadian Armed Forces. You are not required to provide this information, and your choice will not affect your admission decision. If you do respond, we will forward this information to your chosen institution(s) to inform the possible development of services and supports for members of the Canadian Armed Forces.					
Are you a member or veteran of the Canadian Armed Forces?					

## PROGRAM DESIRED

<b>Program Name</b> _____	<b>Semester Intake</b> Year 20____ <input type="checkbox"/> Fall (September -December) <input type="checkbox"/> Winter (January – April) <input type="checkbox"/> Spring (May – June)	<b>Campus</b> <input type="checkbox"/> Medicine Hat <input type="checkbox"/> Brooks <input type="checkbox"/> Online Learning
<b>Program Type</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Applied Degree <input type="checkbox"/> University Transfer		

## EDUCATION HISTORY

<b>High School</b> (Last Attended or Currently Attending) School Name _____	<b>City/Town</b>	<b>Province</b>
<b>Current/Last Attended Month</b> _____ <b>Year</b> _____ <b>Highest Grade Level</b> _____	<b>Diploma Received or Expected</b>	
<b>Have you previously attended a Post -Secondary Institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Post-Secondary Institution</b> (Last Attended or Currently Attending)	<b>City/Town</b>	<b>Province</b>
<b>Date Last Attended</b> Month _____ Year _____ <b>Program Name</b>	<b>Graduated</b> <b>Level Achieved:</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	
<b>Other Post-Secondary Institution Attended</b>	<b>City/Town</b>	<b>Province</b>
<b>Date Last Attended</b> Month _____ Year _____ <b>Program Name</b>	<b>Graduated</b> <b>Level Achieved:</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	

## DECLARATION and CONSENT

### By signing below, I acknowledge that I:

- Understand that the personal information on this form is collected and maintained as part of a student record and will be used for the purpose of admission, registration, issuing tax receipts, determining eligibility for scholarships and awards, graduation, college research and planning and college alumni programs and services.
- Consent to disclosure of personal information to the Medicine Hat College's Student's Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes.
- Consent to have Alberta Education and other Alberta Post-Secondary institutions, which I have indicated I have attended and who participate in Apply Alberta, 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 Apply Alberta institutions that I have indicated I have attended.
- Authorize Medicine Hat College to send a copy or record of this consent to any of the Apply Alberta participating institutions from whom Medicine Hat College will be collecting my transcripts.
- If admitted, I agree to abide by the rules and regulations of Medicine Hat College. If admitted to a collaboration with another institution, I will abide by the rules and regulations of that collaborating institution and authorize Medicine Hat College to exchange my records with the collaborating institution.

I certify that the information I have provided is true and complete in all respects and that no relevant information has been withheld. I understand that falsifying documents or information on this application may result in my not being admitted into the program or the College, or permanent dismissal from the College.

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

## METHOD OF PAYMENT

**Domestic applicants enclose the \$75.00 non-refundable application fee. International applicants enclose the \$125 non-refundable application fee.**

- Cash/Debit Card/Visa/MasterCard (in person only)    Cheque    Money Order