

## Verification/Confirmation of Enrolment

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 information requested in this form should be directed to Registration at registration@mhc.ab.ca or (403)504-3697. 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, T1A 3Y6, or 403-504-2286 or foip@mhc.ab.ca.

## PLEASE ALLOW 3 WORKING DAYS TO COMPLETE FORMS Please attach forms which are required to be completed

## **Student Information (PLEASE PRINT)**

Medicine Hat College Stu	ıdent ID Number	:			
Last Name:			First Name	e:	
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					