



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 Statement

I agree if admitted to abide by the rules and regulations of Medicine Hat College. I certify that the information I have provided is true and complete in all respects and that no relevant information has been withheld. The personal information collected 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, and for College research and planning. If admitted to collaboration with another institution, I will abide by the rules and regulations of that collaborating institution. I also authorize Medicine Hat College to exchange my records with the collaborating institution. In signing this form, I 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. 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.

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

Alberta Student Number _____ If YES, MHC Student ID number (if known) _____

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Last Name (Legal)		First Name (Legal)		Middle Name (Legal)	
Previous/Maiden Name (if applicable)		Preferred Name			
Permanent Address			City/Town		Province
Current Address (while attending)			City/Town		Province
Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Declared <input type="checkbox"/> Other Gender		
Date of Birth (month/day/year)		Social Insurance Number		E-mail Address	
Emergency Contact Name / Relationship				Telephone Number	

Citizenship <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 _____			Indigenous Applicants 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 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.		
First Language Spoken _____ Language of Instruction _____					

PROGRAM DESIRED

Program Name: _____

Program Type: Certificate Diploma Applied Degree University Studies

If you are applying to Combined University Studies list high school course you want to take

Applying to begin 20 _____

Semester

- Fall (September – December)
 Winter (January – April)
 Spring (May – June)
 Summer (July – August)

Campus of Study:

- Medicine Hat
 Brooks
 Online Learning

EDUCATION HISTORY

Last High School attended or currently attending School Name _____	City/Town _____	Province _____
Current/Last Attended Month _____ Year _____ Highest Grade Level _____	Diploma Received or Expected <input type="checkbox"/> YES <input type="checkbox"/> NO	
Grade 12 courses completed or enrolled in <input type="checkbox"/> ELA 30-1 <input type="checkbox"/> ELA 30-2 <input type="checkbox"/> French 30 <input type="checkbox"/> Pure Math 30 <input type="checkbox"/> Math 30-1 <input type="checkbox"/> Applied Math 30 <input type="checkbox"/> Math 30-2 <input type="checkbox"/> Math 31 <input type="checkbox"/> Biology 30 <input type="checkbox"/> Chemistry 30 <input type="checkbox"/> Physics 30 <input type="checkbox"/> Science 30 <input type="checkbox"/> Social Studies 30 - 1 <input type="checkbox"/> Social Studies 30-2 Other _____		
Have you previously attended a Post -Secondary Institution? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Post-Secondary Institution Last Attended or Currently Attending	City/Town _____	Province _____
Date Last Attended Month _____ Year _____ Name of Program _____	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO Level Achieved: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	
Other Post-Secondary Institution Attended	City/Town _____	Province _____
Date Last Attended Month _____ Year _____ Name of Program _____	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO Level Achieved: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	

METHOD OF PAYMENT

Please enclose the \$75.00 non-refundable application fee.

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

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.
- Authorize Medicine Hat College to send a copy or record of this consent to any of the ApplyAlberta participating institutions from whom Medicine Hat College will be collecting my transcripts.

Applicant's Signature _____ Date _____