

COULEE COLLEGIATE PARTNERSHIP APPLICATION

Protection of Privacy

The personal information collected through this application form is for to create applicant record and assess for admission to chosen program. This collection is authorized by Section 4(c) of the Protection of Privacy Act. For questions about the collection of this personal information please contact Associate Registrar at 403.502.8946, registration@mhc.ab.ca, Medicine Hat College.

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	
Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/ Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Visa Status 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 <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)
 ☐ Summer (July start)

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

EDUCATION HISTORY

High School currently/last attended

School Name _____

City/Town

Province

Highest Grade Completed _____

Diploma Expected ☐ YES ☐ NO

Month: _____ Year: _____

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:

☐ Cash.
☐ Cheque

☐ VISA
☐ 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, Medicine Hat School District 76 and Prairie Rose School Division to share information as it pertains to the collaborative partnership as required to support your learning, and reporting requirements.

For questions regarding your application call Admissions at 403.529.3827.

Applicant's Signature _____ Date _____