



MEDICINE HAT
COLLEGE

Enrolment Services

Ph: 403.504.3697 Fax: 403.504.3521

registration@mhc.ab.ca

Verification/Confirmation of Enrolment

Protection of Privacy

The personal information collected through Verification/Confirmation of Enrolment form is for students to get forms signed for a variety of items. This collection is authorized by Section 4(c) of the Protection of Privacy Act and. For questions about the collection of this personal information please contact Associate Registrar at 403.502.8946, smaass@mhc.ab.ca, Medicine Hat College

PLEASE ALLOW 3 WORKING DAYS TO COMPLETE FORMS

Please attach forms which are required to be completed

Student Information (PLEASE PRINT)

Medicine Hat College Student ID Number: _____

Last Name: _____ First Name: _____

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
