MEDICINE HAT COLLEGE

MEDICINE HAT COLLEGE
International Application of Admission

INTERNATIONAL EDUCATION - 299 COLLEGE DRIVE SE - MEDICINE HAT, AB - T1A 3Y6

Protection of Privacy
The personal information collected through this application form is used to create an applicant record and to assess admission to the 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 the Registrar's Office at 403.529.3844, registration@mhc.ab.ca, Medicine Hat College.

Paper applications are only accepted from international students working with educational representatives contracted by MHC or MHC's institutional partners. This application must be sent directly by the student to registration@mhc.ab.ca. Students applying independently should apply online at www.applyalberta.ca.

Please be aware accepted applicants are required to pay a $5,000 deposit and a $10,000 first tuition installment to confirm their program seat. This must be paid within 21 days of being offered a seat and before MHC will issue the Study Permit Acceptance Letter or Provincial Attestation Letter. Please reach out to inted@mhc.ab.ca with any questions. Please note that the $125 application fee is non-refundable in all cases and an application may be refused at any time if it is determined the applicant does not have a reasonable chance of securing a study permit.

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

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

PERSONAL INFORMATION

Last Name (Same as on Passport)	**First Name**	**Middle Name**	
Preferred Name			
Permanent Mailing Address	**City/Town**	**Province**	**Postal code**
Country (Permanent)			
Canadian Mailing Address (if known)	**City/Town**	**Province**	**Postal code**
Telephone Number ☐ Cell ☐ Home _____		**E-mail Address**	
Date of Birth (month/day/year)	**Gender** ☐ Male ☐ Female ☐ Not Declared ☐ Other Gender	**Social Insurance Number (if known)**	
Emergency Contact Name/Relationship		**Telephone Number**	

Citizenship: Visa/Study Permit
Country of Citizenship: _____ First Language Spoken: _____

PROGRAM DESIRED

Program _____

Program Type ☐ Certificate ☐ Diploma ☐ Applied Degree ☐ University Transfer

Applying to begin 20 _____
☐ Fall (September - December)
☐ Winter (January - April)
☐ Spring (May - June)

RELEASE OF INFORMATION

Last Highschool attended or currently attending School Name _____	**City/Town**	**Province/State**	**Country**
Date Last Attended (Month/Year) _____ Highest Grade Complete _____	**Diploma received or Expected** ☐ Yes ☐ No		

Have you previously attended a Post-Sedoncary Institution? ☐ Yes ☐ No

Post-Secondary Institution Last Attended or Currently Attending _____	**City/Town**	**Province/State**	**Country**

Name of Program _____ **Level Achieved** ☐ Certificate ☐ Diploma ☐ Degree

Date Last Attended (Month/Year) _____ **Graduated** ☐ Yes ☐ No

GENERAL RELEASE OF PERSONAL DATA

The purpose of this section is to gain your permission for the disclosure of information gathered during your studies at Medicine Hat College to an agency or institution who is assisting you. Organization assisting me (e.g. agency or university):

Name of agency/home university: _____

Agency/University email: _____

Agency/University phone number: _____

Information: Includes personal information such as name, address, date of birth and educational history, program information such as program name, start date, letters of acceptance, transcripts, student ID#, grades, and account information such as account balances or account summary and receipts.

Purpose of Disclosure: Providing permission to release the previously stated information to the third party indicated to assist me preceding, during and after my application and/or acceptance to Medicine Hat College. This information may be shared in person, by telephone, fax, mail and/or email.

I hereby provide permission to disclose the information noted previously for the stated purpose.

I understand that signing this release form is voluntary and is limited to what is indicated above. The consent may be revoked at any time in writing to inted@mhc.ab.ca.

Applicant's Signature: _____

DOCUMENTS REQUIRED and METHOD OF PAYMENT

☐ Student Visa and proof of English language proficiency (eg.TOEFL, IELTS) All post-secondary transcripts (if applicable)

☐ Copy of photo ID with signature (e.g. passport)

☐ High school transcripts or copy of marks certified by school official, showing grade 11 and first semester of grade 12. Official high school transcripts MUST be received following completion of grade 12.

Please enclose the $125 non-refundable application fee

☐ Cheque payable to Medicine Hat College ☐ VISA ☐ MasterCard ☐ Money Order

Card Number _____ Expiry Date (Month/Year) _____ CVV _____

Cardholder's Name _____ Cardholder's Signature _____

DECLARATION and CONSENT

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.

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 Childcare 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 Childcare 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 program in 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.

Applicants Signature _____ Date _____