



MEDICINE HAT
COLLEGE

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International Application for Admission

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

Protection of Privacy

The personal information collected through the International Application form is used for international students to apply to attend the college. 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 International Education at inted@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) _____

PLEASE PRINT CLEARLY

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 <input type="checkbox"/> Cell <input type="checkbox"/> Home			E-mail Address		
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		Social Insurance Number, if known		
Emergency Contact Name/Relationship			Telephone Number		
Citizenship: Visa/Study Permit					
Country of Citizenship _____			First Language Spoken _____		

PROGRAM DESIRED

☐ Program applicable _____ ☐ Major, if _____

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

Applying to begin 20 _____

☐ Fall (September – December)

☐ Winter (January – April)

☐ Spring (May – June)

☐ Summer (July – August)

Campus of Study:

☐ Medicine Hat

☐ Brooks

Sept. 26, 2024

EDUCATION HISTORY

Last High School attended or currently attending School Name	City/Town	Province/State	Country
Date Last Attended (Month/Year) _____ Highest Grade Completed		Diploma Received or Expected <input type="checkbox"/> Yes <input type="checkbox"/> No	
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/State	Country
Date Last Attended (Month/Year) _____		Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Program _____		Level Achieved <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

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 _____

Applicant's Signature

Date

Sept. 26, 2024