



**MEDICINE HAT  
COLLEGE**

# MEDICINE HAT COLLEGE

## International Application for Admission

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

*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 information requested in this form should be directed to Registration at [registration@mhc.ab.ca](mailto:registration@mhc.ab.ca) or (403)504-3697. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A 3Y6, or 403-504-2286 or [foip@mhc.ab.ca](mailto:foip@mhc.ab.ca).*

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](mailto:registration@mhc.ab.ca). Students applying independently should apply online at [www.applyalberta.ca](http://www.applyalberta.ca).

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

<b>Last Name (same as on Passport)</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Preferred Name</b>					
<b>Permanent Mailing Address</b>			<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Country (Permanent)</b>					
<b>Canadian Mailing Address (if known)</b>			<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Telephone Number</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home				<b>E-mail Address</b>	
<b>Date of Birth (month/day/year)</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Declared <input type="checkbox"/> Other Gender		<b>Social Insurance Number, if known</b>	
<b>Emergency Contact Name/Relationship</b>				<b>Telephone Number</b>	
<b>Citizenship: Visa/Study Permit</b>					
Country of Citizenship _____			First Language Spoken _____		

### PROGRAM DESIRED

Program \_\_\_\_\_  Major, if applicable \_\_\_\_\_ **Applying to begin 20** \_\_\_\_\_

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

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

**Campus of Study:**

- Medicine Hat
- Brooks

## EDUCATION HISTORY

<b>Last High School attended or currently attending</b> 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			
<b>Post-Secondary Institution Last Attended or Currently Attending</b> _____	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

<p>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.</p> <p>Organization assisting me (e.g. agency or university): _____</p> <p>Name of agency/home university: _____</p> <p>Agency/University email: _____</p> <p>Agency/University phone number: _____</p> <p>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.</p>	<p>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.</p> <p>I hereby provide permission to disclose the information noted previously for the stated purpose.</p> <p>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 <a href="mailto:inted@mhc.ab.ca">inted@mhc.ab.ca</a>.</p> <p><b>Applicant's Signature:</b> _____</p>
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## DOCUMENTS REQUIRED and METHOD OF PAYMENT

<input type="checkbox"/> Student Visa and proof of English language proficiency (eg.TOEFL, IELTS)
<input type="checkbox"/> All post-secondary transcripts (if applicable)
<input type="checkbox"/> Copy of photo ID with signature (e.g. passport)
<input type="checkbox"/> 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.
<b>Please enclose the \$75 non-refundable application fee</b>
<input type="checkbox"/> Cheque payable to Medicine Hat College <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order
Card Number _____ Expiry Date (Month/Year) _____ CVV _____
Cardholder's Name _____ Cardholder's Signature _____

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_