



**MEDICINE HAT  
COLLEGE**

# MEDICINE HAT COLLEGE

## International Application of Admission

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

### Protection of Privacy Act

The personal information collected through the international application process 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](mailto: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](mailto:registration@mhc.ab.ca). Students applying independently should apply online at [www.applyalberta.ca](http://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](mailto: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

Country (Permanent)

Postal code

Canadian Mailing Address (if known)

City/Town

Province

Postal code

Telephone Number ☐ Cell ☐ Home

Email Address

Date of Birthday (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 \_\_\_\_\_

Major (if applicable) \_\_\_\_\_

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

## EDUCATION HISTORY

<b>Last High School attended or currently attending</b> School Name _____	<b>City/Town</b> _____	<b>Province/State</b> _____	<b>Country</b> _____
<b>Date Last Attended (Month/Year)</b> _____ Highest Grade Completed _____	<b>Diploma Received or Expected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you previously attended a Post-Secondary Institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Post-Secondary Institution Last Attended or Currently Attending</b>	<b>City/Town</b>	<b>Province/State</b>	<b>Country</b>
<b>Date Last Attended (Month/Year)</b> _____	<b>Graduated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of Program</b> _____	<b>Level Achieved</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		

## EDUCATION HISTORY

<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>Applicant's Signature _____</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) (applicable)	<input type="checkbox"/> Copy of photo ID with signature (e.g. passport)
<input type="checkbox"/> All post-secondary transcripts (if applicable)	<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 \$125 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 \_\_\_\_\_