

## COULEE COLLEGIATE PARTNERSHIP APPLICATION

| Have you previously applied to a Medicine Hat College | e Program? □ YES □NO         | Have you previously attended Medicine Hat College? $\Box$ YES $\Box$ NO |
|---|------------------------------|---|
| Alberta Student Number                                | If YES, Student ID Number (i |   |

## PLEASE PRINT CLEARLY

| PERSONAL INFORMATION               |                        |                                       |  |                         |                                      |             |  |  |
|------------------------------------|------------------------|---------------------------------------|--|-------------------------|--------------------------------------|-------------|--|--|
| Last Name                          | First Name             | First Name Middle Name                |  |                         | Previous/Maiden Name (if applicable) |             |  |  |
| Mailing Address                    | -                      | City/Town                             |  |                         | Province                             | Postal Code |  |  |
| Telephone Number - Home            | Telephone Numb         | lumber - Cell                         |  | Telephone Number -Other |                                      |             |  |  |
| Date of Birth (month/day/year) Gen | der                    | E-mail                                | Address  |                         |                                      |             |  |  |
| Parent/Guardian Contact Name (s):  |                        |                                       |  |                         |                                      |             |  |  |
| Emergency Contact Name:            |                        |                                       |  | Telepho                 | one Number                           |             |  |  |
| Citizenship                        | t/ □ Refugee<br>Status | IF YOŬ V                              | Aboriginal Applicants<br>IF YOU WISH TO DECLARE THAT YOU ARE AN ABORIGINAL PERSON,<br>PLEASE SPECIFY   |                         |                                      |             |  |  |
| □ Study Permit □ Work Visa         |                        |                                       | □ Status Indian/ □ Non-Status Indian / □ Metis □ Inuit<br>First Nations First Nations  |                         |                                      |             |  |  |
| Country of Citizenship             |                        | of the FOIP A<br>and responsit        | Alberta Advanced Education is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success in addition to other legislation |                         |                                      |             |  |  |
| First Language Spoken              |                        | regarding the<br>Information 4<br>4L5 | applicable to Medicine Hat College. For further information, or if you have questions regarding the collection activity, please contact the <i>Director</i> , <i>Operational Data and Information Branch</i> , Alberta Advanced Education, 10155 102 Street, Edmonton, AB T5J 4L5 Phone: 780.427.9635.   |                         |                                      |             |  |  |
|                                    |                        |                                       |  |                         |                                      |             |  |  |

## Applying to begin 20 Semester □ Fall (September start) □ Winter (January start) □ Spring (April start) Please fill out a Medicine Hat College application form if your intention is to mix upgrading and Post-Secondary courses.

| EDUCATION HISTORY   |  |                         |  |  |  |  |
|---|--|-------------------------|--|--|--|--|
| High School currently/last attended School Name                           | City/Town  | Province                |  |  |  |  |
| Highest Grade Completed   | Diploma Expected                                   |                         |  |  |  |  |
| METHOD OF PAYMENT   |  |                         |  |  |  |  |
| Payment for application is <b>only require</b> which you intend to begin. | ed for students age 20 and above by September 1 of | of the academic year in |  |  |  |  |
| The application fee is \$75 – please checl                                | k one of the following options for payment:        |                         |  |  |  |  |

 $\Box$  Cash.  $\Box$  Cheque

DECLARATION

 $\Box$  VISA

□ Mastercard

By signing below, I acknowledge that I:

• Consent to have Alberta Education and other Alberta Post-Secondary institutions, which I have indicated I have attended and who participate in ApplyAlberta, 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 the other ApplyAlberta institutions that I have indicated I have attended.

• Consent for Medicine Hat College, Medicine Hat School District 76 and Prairie Rose School Division to share information as it pertains to the collaborative partnership as required to support your learning, and reporting requirements.

## Freedom of Information & Privacy Statement

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 collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.

For questions regarding your application call Admissions at 403.529.3827.

Applicant's Signature \_\_\_\_\_

Date

Coulee Collegiate July 2020