

SUNRISE COLLEGIATE PARTNERSHIP APPLICATION

Have you previously applied to a Medicine Hat	t College Program?	YES 1	NO Have yo	u previously a	attended Medicine	Hat College? YES NO	
Alberta Student Number If YES, MHC Student ID Number (if known)							
PLEASE PRINT CLEARLY							
PERSONAL INFORMATION							
Last Name	First Name		Mide	dle Name		Previous/Maiden Name	
Mailing Address		City/Town			Province	Postal Code	
Telephone Number – Home	Telephon	e Number - Cell			Telephone Number - Other		
Date of Birth (Month/Day/Year)	Gender		Email Add	iress			
Parent/Guardian Contact Name(s):							
Emergency Contact Name:				Telephone Number			
Citizenship Canadian Permanent Resident/ Landed Immigrant Work Visa Country of Citizenship First Language Spoken Language of Instruction			Albe purs to ar system serve legis or if the Adv.	Aboriginal Applicants IF YOU WISH TO DECLARE THAT YOU AN ABORIGINAL PERSON, PLEASE SPECIFY Status Indian/ Non-Status Indian/ Metis Inuit First Nations Alberta Advanced Education is collecting this personal information pursuant to section 33© of the POIP 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 applicable to Medicine Hat College. For further information, or if you have questions regarding the collection activity, please contact the Director, Operational Data and Information Branch, Alberta Advanced Education, 10155 102 St. Edmonton, AB TSJ 4LS. Phone: 780-427-9635			
Applying to begin 20 Semester Fall (September start)	PRO	OGRAM IN				Spring (April start)	
Please fill out a Medicine Hat College application form if your intention is to mix upgrading and Post-Secondary courses.							