MEDICINE HAT COLLEGE

MEDICINE HAT COLLEGE
APPLICATION FOR ADMISSION

Medicine Hat Campus
299 COLLEGE DRIVE SE
MEDICINE HAT, AB T1A 3Y6
Phone: 403.529.3844 Toll Free 1.866.282.8394

Brooks Campus
200 HORTICULTURAL STATION RD E
BROOKS, AB T1R 1E5
Phone: 403.362.1677

Protection of Privacy
The personal information collected through this application form is used to create an applicant record and to assess admission to the chosen program. 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 the Registrar's Office at 403.529.3844, registration@mhc.ab.ca, Medicine Hat College.

Alberta Student Number (ASN) _____

Have you previously applied or attended Medicine Hat College? ☐ Yes ☐ No

If YES, please provide your MHC Student ID number (if known) _____

PERSONAL INFORMATION

Last Name (Legal)	**First Name** (Legal)	**Middle Name** (Legal)
Previous/Maiden Name (if applicable)	**Preferred Name**	
Date of Birth _____/_____/_____ MM DD YYYY	**Gender** ☐ Male ☐ Female ☐ Other Gender ☐ Not Declared	**Contact Number** ☐ Home ☐ Cell
Permanent Address	**City/Town**	**Province** / **Postal Code**
Mailing Address (if different from above)	**City/Town**	**Province** / **Postal Code**
Email Address	**Social Insurance Number**	
Emergency Contact	**Relationship**	**Contact Number**

Citizenship
☐ Canadian ☐ Permanent Resident/ Landed Immigrant ☐ Refugee ☐ Student Visa ☐ Work Visa

Country of Citizenship _____ **First Language Spoken** _____

Indigenous Applicants
If you wish to declare that you are an Indigenous person, please specify:

☐ First Nations/ Status ☐ First Nations / Non-Status ☐ Metis ☐ Inuit

Medicine Hat College is collecting this information on behalf of Alberta Advanced Education and postsecondary institutions, pursuant to Section 4(c) of the Protection of Privacy 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 Indigenous learner success. For further information or if you have questions regarding the collection activity, please contact Office of the Director, Data Management and Governance, Post-Secondary Policy and Strategy, Alberta Advanced Education, 10155-102 Street, Edmonton, Alberta, T5J 4G8, (780) 422-4322.

Military Service
You may choose to indicate whether you are a current or former member of Canadian Armed Forces. You are not required to provide this information, and your choice will not affect your admission decision. If you do respond, we will forward this information to your chosen institution(s) to inform the possible development of services and supports for members of the Canadian Armed Forces.

Are you a member or veteran of the Canadian Armed Forces? ☐ Yes ☐ No

If yes: ☐ Active-Duty Regular Force ☐ Active-Duty Reserve Force ☐ Veteran

PROGRAM DESIRED

Program Name
_____

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

Semester Intake Year 20_____
☐ Fall (September -December)
☐ Winter (January – April)
☐ Spring (May – June)

Campus
☐ Medicine Hat
☐ Brooks
☐ Online Learning

EDUCATION HISTORY

High School (Last Attended or Currently Attending)
School Name _____

City/Town

Province

Current/Last Attended Month _____ **Year** _____
Highest Grade Level _____

Diploma Received or Expected ☐ YES ☐ NO

Have you previously attended a Post -Secondary Institution? ☐ YES ☐ NO

Post-Secondary Institution (Last Attended or Currently Attending)

City/Town

Province

Date Last Attended Month _____ Year _____
Name of Program _____

Graduated ☐ YES ☐ NO
Level Achieved: ☐ Certificate ☐ Diploma ☐ Degree ☐ Other

Other Post-Secondary Institution Attended

City/Town

Province

Date Last Attended Month _____ Year _____
Name of Program

Graduated ☐ YES ☐ NO
Level Achieved: ☐ Certificate ☐ Diploma ☐ Degree ☐ Other

DECLARATION and CONSENT

By signing below, I acknowledge that I:

- Understand that the personal information on this form is collected and maintained as part of a student record and will be used for the purpose of admission, registration, issuing tax receipts, determining eligibility for scholarships and awards, graduation, college research and planning and college alumni programs and services.
- Consent to disclosure of personal information to the Medicine Hat College's Student's Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes.
- Consent to have Alberta Education and other Alberta Post-Secondary institutions, which I have indicated I have attended and who participate in Apply Alberta, 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 Apply Alberta institutions that I have indicated I have attended.
- Authorize Medicine Hat College to send a copy or record of this consent to any of the Apply Alberta participating institutions from whom Medicine Hat College will be collecting my transcripts.
- If admitted, I agree to abide by the rules and regulations of Medicine Hat College. If admitted to a collaboration with another institution, I will abide by the rules and regulations of that collaborating institution and authorize Medicine Hat College to exchange my records with the collaborating institution.

I certify that the information I have provided is true and complete in all respects and that no relevant information has been withheld. I understand that falsifying documents or information on this application may result in my not being admitted into the program or the College, or permanent dismissal from the College.

Applicant's Signature _____ **Date** _____

METHOD OF PAYMENT

Domestic applicants enclose the $75.00 non-refundable application fee. International applicants enclose the $125 non-refundable application fee.

☐ Cash/Debit Card/Visa/MasterCard (in person only) ☐ Cheque ☐ Money Order