



Application/Registration Form

Which Pre-Employment Program are you applying for? _____ Program Dates: _____

DEPOSIT REQUIRED: \$100.00 (non-refundable, but will be applied to tuition if accepted and enrolled)

Have you previously applied to a Medicine Hat College Program? YES NO

Student ID Number (if known)

Grid for Student ID Number

PERSONAL DATA

Form with fields for Last Name, First Name, Middle Name, Previous/Maiden Name, Permanent Mailing Address, Telephone Number, Birth Date, Address While Attending College, Email Address, Emergency Contact, Citizenship, Gender, etc.

DOCUMENTATION

Out of Province Students: Have you arranged to have your Official High School Transcript sent to the following address? YES NO

EDUCATION HISTORY

Last High School Attended or Currently Attending (School Name)		City/Town	Province/Country
Date Last Attended (Month/Year)	Highest Grade Completed	Alberta Student Number (ASN)	
Have you previously attended a Post-Secondary Institution? If so, please provide details.			

PREREQUISITES

Do you have the following prerequisites? (A High School Transcript will be required to verify these details)

1. Grade 9 Completion? YES NO 2. High School Diploma? YES NO

What is the highest grade level you have achieved in each of the following subject areas (eg. 10-2, 20-1 or equivalents):

1. Math _____ 2. English _____ 3. Science _____

Please be aware that, depending on the prerequisites you have and those that are required by Alberta Apprenticeship and Industry Training for the trade program you have selected, you may be required to arrange and pass the Alberta Apprenticeship Entrance Exam prior to entering the program or prior to writing any provincial apprenticeship exams and/or becoming a registered Apprentice in Alberta.

METHOD OF PAYMENT

A \$100 non-refundable deposit is required at the time of registration. This amount will be deducted from your tuition.

Cash/Debit Card (in person only) Cheque Money Order VISA or Mastercard

Card Number _____ Expiry (mm/yy) _____

Card Holder's Name _____ Card Holder's Signature _____

DECLARATION

By signing below, I acknowledge that I:

- Consent to have Alberta Education and other Alberta Post-Secondary institutions, which I have indicated that 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.
- Authorize Medicine Hat College to send a copy or record of this consent to any of the ApplyAlberta participating institutions from whom Medicine Hat College will be collecting my transcripts.

Freedom of Information & Privacy Statement

I agree if admitted to abide by the rules and regulations of Medicine Hat College, I certify that the information I have provided is true and complete in all respects, and that no relevant information has been withheld. The personal information collected on this form is collected and maintained as part of a student record and will be used for the purposes of admission, registration, issuing tax receipts, and for College research and planning. In signing this form, I consent to disclosure of personal information to Medicine Hat College, Medicine Hat College Continuing Studies, Medicine Hat College 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. This information is collected under the authority of the Post-Secondary Learning Act of Alberta and will be protected by the provisions of the Alberta Freedoms of Information and Protection of Privacy Act (FOIP). If you have FOIP questions or concerns, contact Medicine Hat College FOIP Coordinator, 299 College Drive SE, Medicine Hat, Alberta, T1A 3Y6. Telephone (403) 529-3821. For questions regarding your application call Continuing Studies at (403) 529-3849.

Applicant's Signature _____ Date _____

OFFICE USE ONLY: Received by	Date	Deposit	Transcript
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