



MEDICINE HAT COLLEGE

International Application for Admission

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

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. Students applying independently should apply online at www.applyalberta.ca.

Have you previously applied or attended Medicine Hat College? YES NO

If YES, MHC Student ID number (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	Postal Code
Country (Permanent)					
Canadian Mailing Address (if known)			City/Town	Province	Postal Code
Telephone Number - Home		Telephone Number - Cell			
Date of Birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Declared <input type="checkbox"/> Other Gender		E-mail Address		
Emergency Contact Name			Relationship	Telephone Number	
Citizenship: Visa/Study Permit					
Country of Citizenship _____			First Language Spoken _____		
Language of Instruction _____			TOEFL or IELTS Score _____		

PROGRAM DESIRED

English for Academic Purposes

Program _____

Program Type Certificate Diploma Applied Degree University Studies

Applying to begin: _____

Planned Length of Stay _____

EDUCATION HISTORY

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

GENERAL RELEASE OF PERSONAL DATA

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.

Organization assisting me (e.g. agency or university):

Name of agency/home university: _____

Agency/University email: _____

Agency/University phone number: _____

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.

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.

I hereby provide permission to disclose the information noted previously for the stated purpose.

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 inted@mhc.ab.ca.

Applicant's Signature: _____

DOCUMENTS REQUIRED and METHOD OF PAYMENT

- Student Visa and proof of English language proficiency (TOEFL, IELTS)
- All post-secondary transcripts (if applicable)
- Copy of photo ID with signature (e.g. passport)
- 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.

Please enclose the \$75 non-refundable application fee

- Cheque payable to Medicine Hat College VISA MasterCard Money Order

Card Number _____ Expiry Date (Month/Year) _____ CVV _____

Cardholder's Name _____

Cardholder's Signature _____

DECLARATION

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 be withheld. 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.

Applicant's Signature _____

Date _____