



MEDICINE HAT COLLEGE

APPLICATION FOR ADMISSION

Medicine Hat Campus
299 COLLEGE DRIVE SE
MEDICINE HAT, AB T1A 3Y6
Phone: 403.529.3811 Toll Free 1.866.282.8394

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

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

Alberta Student Number _____ If YES, Student ID Number (if known)

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PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Last Name		First Name		Middle Name		Previous/Maiden Name (if applicable)	
Mailing Address				City/Town		Province	Postal Code
Address While Attending College (if known)				City/Town		Province	Postal Code
Telephone Number - Home			Telephone Number - Cell			Telephone Number - Business	
Date of Birth (month/day/year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		E-mail Address			
Emergency Contact Name / Relationship						Telephone Number	
Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/ Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Visa <input type="checkbox"/> Status Country of Citizenship _____ First Language Spoken _____ Language of Instruction _____				Aboriginal Applicants IF YOU WISH TO DECLARE THAT YOU ARE AN ABORIGINAL PERSON, PLEASE SPECIFY <input type="checkbox"/> Status Indian/ First Nations <input type="checkbox"/> Non-Status Indian / First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <small>Alberta Advanced Education and Technology 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 applicable to Medicine Hat College. For further information, or if you have questions regarding the collection activity, please contact the Office of the Director, System Capacity and Development, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155 102 Street, Edmonton, AB T5J 4L5 Phone: 780.427.9635.</small>			

PROGRAM DESIRED

Program Name: _____ Program Type: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Applied Degree <input type="checkbox"/> University Transfer <input type="checkbox"/> ATP (Academic Transition Plan) If you are applying to Combined /UT or College Prep (high school upgrading) list high school course you want to take _____ _____		Applying to begin 20 _____ Semester <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – April) <input type="checkbox"/> Spring (May – June) <input type="checkbox"/> Summer (July – August)
		Campus of Study: <input type="checkbox"/> Medicine Hat <input type="checkbox"/> Brooks <input type="checkbox"/> Distance Learning <input type="checkbox"/> eCampusAlberta

Office Use Only

EDUCATION HISTORY

Last High School attended or currently attending School Name _____	City/Town _____	Province _____
Date Last Attended Month _____ Year _____ Highest Grade Completed _____	Diploma Received or Expected <input type="checkbox"/> YES <input type="checkbox"/> NO	
Grade 12 courses completed or enrolled in <input type="checkbox"/> ELA 30-1 <input type="checkbox"/> ELA 30-2 <input type="checkbox"/> French 30 <input type="checkbox"/> Pure Math 30 <input type="checkbox"/> Math 30-1 <input type="checkbox"/> Applied Math 30 <input type="checkbox"/> Math 30-2 <input type="checkbox"/> Math 31 <input type="checkbox"/> Biology 30 <input type="checkbox"/> Chemistry 30 <input type="checkbox"/> Physics 30 <input type="checkbox"/> Social Studies 30 Other _____		
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 _____
Date Last Attended Month _____ Year _____ Name of Program _____	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO Level Achieved: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	
Other Post-secondary Institution Attended	City/Town _____	Province _____
Date Last Attended Month _____ Year _____ Name of Program _____	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO Level Achieved: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	

METHOD OF PAYMENT

Please enclose the \$60.00 non-refundable application fee.				
<input type="checkbox"/> Cash/Debit Card (in person only)	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Money Order
Card Number _____	Expiry Date Month/Year _____			
Cardholder's Name _____	Cardholder'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 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 purpose of admission, registration, issuing tax receipts, and for College research and planning. If admitted to collaboration with another institution, I will abide by the rules and regulations of that collaborating institution. I also authorize Medicine Hat College to exchange my records with the collaborating institution. In signing this form, I 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. 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, AB T1A 3Y6; Telephone 403.529.3811. For questions regarding your application call Admissions at 403.529.3827.

Applicant's Signature _____ Date _____

Additional Comments _____