

APPLICATION FOR ADMISSION



Office of the Registrar

10215 – 108 Street NW, Edmonton, Alberta, Canada T5J 1L6
 T 780.644.6000 | Toll-free 1.866.534.7218 | info@norquest.ca | www.norquest.ca

For more information contact:

Robyn Fabiosa – 780.644.6772
robyn.fabiosa@norquest.ca

FOR OFFICE USE ONLY		
STUDENT ID #	TODAY'S DATE	ENTERED BY

PROGRAM INTENTIONS: See www.norquest.ca for programs and admission requirements

Have you previously applied or attended NorQuest College? Yes No

PROGRAM DESIRED Indigenous Youth Summer Leadership	APPLYING TO BEGIN Summer	YEAR 2019
LOCATION (Consult NorQuest Calendar for program locations) Downtown Edmonton Campus	APPLYING TO ATTEND Part-Time	INSTRUCTION METHOD In-Person

PERSONAL DATA: Complete all spaces below. If not applicable to you, indicate "N/A"

LAST NAME / SURNAME (LEGAL)	FIRST NAME / GIVEN NAME (LEGAL)	MIDDLE NAME (LEGAL)
FORMER / MAIDEN NAME	COMMONLY USED FIRST NAME	BIRTHDATE YEAR MONTH DAY
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	ALBERTA STUDENT ID NUMBER (If known)	

Home Address

Mailing Address (if different from Home Address)

STREET ADDRESS			STREET ADDRESS		
APT. NO.	CITY / TOWN		APT. NO.	CITY / TOWN	
PROVINCE	POSTAL CODE	COUNTRY	PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE - HOME ()		TELEPHONE - OTHER ()	EMAIL ADDRESS		
CITIZENSHIP STATUS <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Study Permit <input type="radio"/> Other/Work Visa <input type="radio"/> Refugee Status	COUNTRY OF CITIZENSHIP (If not a Canadian Citizen)		COUNTRY OF RESIDENCE (Where you are living now)		
	DATE OF ENTRY TO CANADA (For Non-Canadian Citizens) YEAR MONTH DAY		FIRST LANGUAGE SPOKEN (and still understood)		

EMERGENCY CONTACT – NAME First Name Last Name		EMERGENCY CONTACT TELEPHONE ()	EMERGENCY CONTACT – CITY	PROVINCE
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Indigenous/Aboriginal Applicants

If you wish to declare that you are an Indigenous/Aboriginal person of Canada, specify: (See "Collection of Indigenous/Aboriginal Application Data" statement on reverse)

- Status Indian/First Nations Métis
 Non-Status Indian/First Nations Inuit

Students With Disabilities

- I want to access learning supports because I have a disability or serious health concerns. I understand I will be contacted by a NorQuest College Student Support Specialist to discuss my needs.

Turn over to complete form →

EDUCATION RECORD: Complete all spaces below. If not applicable to you, indicate "N/A"

LAST OR CURRENT SCHOOL ATTENDED		CITY	PROVINCE/COUNTRY									
LAST YEAR ATTENDED (YYYY)	HIGH SCHOOL STATUS <input type="radio"/> Still Attending <input type="radio"/> Graduate <input type="radio"/> Incomplete		HIGHEST GRADE COMPLETED (Circle one only) 1 2 3 4 5 6 7 8 9 10 11 12									
HIGHEST EDUCATIONAL INSTITUTION ATTENDED <input type="radio"/> Elementary/Junior High School <input type="radio"/> High School <input type="radio"/> College <input type="radio"/> University <input type="radio"/> Technical Institute <input type="radio"/> Trade/Vocational <input type="radio"/> Other												
HIGHEST EDUCATIONAL LEVEL ACHIEVED <input type="radio"/> Less than High School Diploma <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> Post-Secondary Certificate <input type="radio"/> Post-Secondary Diploma <input type="radio"/> Journeyman Trade Certificate <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Doctoral Degree												

Post-Secondary Institutions: List all that you have attended below

NAME OF INSTITUTION	PROGRAM OF STUDY	LOCATION (CITY/PROVINCE)	LAST YEAR ATTENDED	CREDENTIAL OBTAINED

WHAT INFLUENCED YOU TO APPLY? (Indicate one only)

- Website Program Info Night Current Student
- Radio Career Fair Counsellor
- Newspaper Ad Open House Other
- Friend/Relative Former Student High School Visit
- Social Media Community Agency Visit

Collection of Indigenous/Aboriginal Application Data

Alberta Advanced Education is collecting this information pursuant to section 33 (c) of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness and develop policies, programs and services to improve Indigenous/Aboriginal Learner success.

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Research, Analysis and Data Collection, Advanced Learning and Community Partnerships Division, Alberta Advanced Education, 10155-102 Street, Edmonton, AB, T5J 4L5, 780.422.4322 or your institution's Registrar's Office.

Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the *Post-secondary Learning Act* and section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and awards, convocation, sending educational information, library services, emergency notification, and for College research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the *Statistics Act*; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership, fee collection, and contacting students; and to the Alumni Association for the purposes of membership and information sharing. For information about the collection and use of this information, contact the NorQuest FOIP Coordinator at 10215-108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

DECLARATION OF APPLICANT

I acknowledge the FOIP statement above, and verify that all information contained on this form is true and complete and that no relevant information has been withheld and that if I have misrepresented myself in any way my application for admission may be denied. I agree, if admitted to NorQuest College, to comply with the policies, rules and regulations of the College, or I may be withdrawn. I understand the use of the information that I have provided will be used in compliance with the FOIP legislation. If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institution. I also authorize NorQuest College to exchange my records with collaborating institutions.

NorQuest College reserves the right to refuse admission or cancel any admission ruling.

SIGNATURE OF APPLICANT	DATE
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