

# Application for Admission

We are collecting your personal information under the authority of the Colleges Act (RSA 2000, Chapter F- 25), which mandates the provision of programs and services. We ask this information to determine your eligibility for training and applicable services, and for research and statistical purposes. If you have any questions about the collection, use and/or disclosure of this information, you may contact the Registrar's Office at 780-623-5580.

**Please be advised that we cannot process your application until the non-refundable application fee has been paid in full. Please check our fee schedule on our website for the current application fee rates.**

\* Continuing Education short courses are not required to pay the application fee. Please contact Student Services for verification.

**Program:** \_\_\_\_\_

**Course(s):** \_\_\_\_\_

**Campus Location:**  Lac La Biche  Cold Lake  St Paul  
 Bonnyville (Appr. Electrician only)  Other Portage Campus \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Year: \_\_\_\_\_

Full time  Part time  
 Fall Term  Winter Term  Spring Term

**How did you find out about this program?** *Please check ONE ONLY.*

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Television        | <input type="checkbox"/> Radio              | <input type="checkbox"/> Facebook/Twitter/YouTube | <input type="checkbox"/> College Website  |
| <input type="checkbox"/> Viewbook/Brochure   | <input type="checkbox"/> Word of Mouth     | <input type="checkbox"/> Career Day         | <input type="checkbox"/> Open House               | <input type="checkbox"/> Agency Referral  |
| <input type="checkbox"/> Community Info Fair | <input type="checkbox"/> High School Visit | <input type="checkbox"/> Other website/link | <input type="checkbox"/> High School Counsellor   | <input type="checkbox"/> Previous Program |

**Have you previously applied to Portage College?**  YES  NO

**If yes, what year?** \_\_\_\_\_

## PERSONAL INFORMATION (Please print in all areas or check the appropriate box(es).)

Date of Birth (____ / ____ / ____) day month year		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student ID Number (if known)		Alberta Student Number (if known) (ASN)	
Last Name		First Name		Middle Name		Maiden Name (if applicable)
Current Mailing Address (Box Number or Street Address)			City/Town	Province	Country	Postal Code
Alternate Mailing Address				Home Community		
Home Telephone Number (include area code) (____)		Work Telephone Number (include area code) (____)		Cell Telephone Number (include area code) (____)		Alternate Telephone Number (include area code) (____)
E-mail address (please print clearly):						
<b>Citizenship Status</b> <input type="checkbox"/> Canadian <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident/Landed Immigrant: <input type="checkbox"/> Other Visa			<b>Marital Status</b> <input type="checkbox"/> Married/Common-law <input type="checkbox"/> Single <input type="checkbox"/> Other		In the past year, I was <input type="checkbox"/> A Student <input type="checkbox"/> Employed <input type="checkbox"/> Other	
Date of Entry: ____ / ____ / ____			In the past year, I resided in <input type="checkbox"/> Alberta <input type="checkbox"/> Another Province <input type="checkbox"/> Outside Canada			
First Language Spoken		Country of Citizenship		Are You Interested In Inter-Collegiate Athletic Competition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which sport?		
Are You A Person With A Disability/Special Needs That Requires Special Considerations? (If Yes, please indicate below.) <input type="checkbox"/> Yes <input type="checkbox"/> No This could include: <input type="checkbox"/> Learning <input type="checkbox"/> Emotional/Mental Health <input type="checkbox"/> Medical or Addictions <input type="checkbox"/> Physical						

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

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

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.

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-Secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton, AB, T5J 4L5, 780-427-7145 or Portage College Registrar's Office.

**Apprenticeship Students ONLY**

Apprenticeship Number: \_\_\_\_\_

**ACADEMIC INFORMATION**Are You Attending High School Now?  Yes  No

If Yes, What Grade? \_\_\_\_\_ When Will You Finish? \_\_\_\_\_

If No, Last Grade Completed? \_\_\_\_\_ When Did You last Attend? \_\_\_\_\_

Will You or Do You Have A High School Diploma?

 Yes  No

Last High School Attended or Attending?

NAME:

CITY:

PROVINCE:

COUNTRY:

Post Secondary Education – Name of Institution	Location	Year Last Attended / Currently Attending (year/month)	Length of Program	Certificate / Diploma / Degree Obtained Or Number of Years Completed

**CONSENT TO RELEASE INFORMATION**

I authorize Portage College to disclose relevant personal information about me collected on this form, as required:

- to affiliated service providers for the purposes of confirming my enrolment status to determine my eligibility for services
- to Alberta Advanced Education and Technology, Alberta Human Services (Alberta Employment and Immigration) to maintain enrolment and statistical reporting
- to my funding agency(ies), as required, to confirm my eligibility for funding or continued funding
- to authorize information on this application to be entered into the Apply Alberta system
- to authorize Alberta Education and Apply Alberta's participating institutions to send official transcripts to Portage College
- to authorize Portage College to send a copy or record of this consent to any of the Apply Alberta participating institutions from whom Portage College will be collecting my transcripts.

Applicant's Signature

Date Signed

**How to Apply for Admission**

1. Submit a completed Application for Admission form to any of the locations below, by mail or in person. Please enclose a non-refundable application fee. We cannot process your application until payment is received.

**Admissions  
Portage College  
Lac La Biche Campus**

Box 417  
9531 - 94 Avenue  
Lac La Biche, Alberta  
T0A 2C0  
Toll Free: 1 (866) 623-5551  
(780) 623-5580

**Admissions  
Portage College  
St. Paul Campus**

Box 1471 (5205 - 50 Avenue)  
St. Paul, Alberta  
T0A 3A0  
(780) 645-5223

**Admissions  
Portage College  
Cold Lake Campus**

101, 7825 – 51 Street  
(Cold Lake Energy Centre)  
Cold Lake, Alberta  
T9M 0B6  
(780) 639-0030

**\*\*Apprenticeship Programs: Please Contact The Lac La Biche Location for Additional Requirements.**

2. Applicants who have completed out of province education or non-participating institutions with Apply Alberta must contact the appropriate department of education or educational institution to obtain official transcripts. Official transcripts must be sent directly from the issuing institution to the Registrar.
3. Letters of reference, medical forms and questionnaires are often used to assist in evaluating the suitability of applicants for certain programs. When requested, this information must be submitted to complete an application. Your file must be complete to be considered for admission.

**Note: All documents submitted become the property of Portage College. They will not be returned to you.**

**FOR OFFICE USE ONLY**

Application Fee Assessed? \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

 Accepted  Conditional Acceptance  Selection Pending  Waitlisted  Denied

Conditions:

Program (if different from program applied for)

Program Start Date

Program End Date

Authorized By