

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 1-866-623-5551 or 780-623-5551.

Please be advised, for the current non-refundable application fee is \$160.00. We cannot process your application until payment has been received.

* 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
 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):						
Citizenship Status <input type="checkbox"/> Canadian <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident/Landed Immigrant: <input type="checkbox"/> Other Visa			Marital Status <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 INFORMATIONAre 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 Admission1. Complete this application form and fax, mail or email to **Admissions - Portage College** (see below).

2. Pay the application fee of \$160.00

In Person: Using Cash, Cheque, Interact, VISA, MasterCard or Money Order at the Lac La Biche, Cold Lake or St Paul campuses**By Phone:** using a VISA or MasterCard: Call toll-free 1-866-623-5551 ext 5706**By Mail:** using a Cheque, VISA, MasterCard or Money Order to:**Admissions - Portage College**

Box 417
 9531 - 94 Avenue
 Lac La Biche, Alberta
 T0A 2C0
 email: info@portagecollege.ca
 fax: 780-623-5519

3. Send your transcripts to: International Qualifications Assessment Service (<http://work.alberta.ca/Immigration/apply.html>). They will assess international education documents and compare them to educational credentials in our province. Once your education has been evaluated by IQAS you must have the results of the assessment sent directly to the College along with a copy of your transcripts. All costs of shipping and IQAS assessment fees are your responsibility.

4. The College will evaluate your qualifications to ensure they meet all admissions requirements of your chosen program. We will contact you by email if we require any further information. Please ensure that you provide us with the complete email address on your application.

If you meet all the admissions requirements, you will be conditionally accepted and will receive a letter from us with further information.

Reminder: International students pay a minimum of three times the regular tuition fees as posted on our website.

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