

PROGRAM INTENTIONS: Consult the Columbia College website for programs and admissions requirements.

Program of Interest (Please check one):

- Academic Upgrading
 Dental Assistant
 Employment Training
 Education Assistant
 Health Care Aide
 Social Services
 English as an Additional Language
 Practical Nurse

Applying to Attend Full-time Part-time

Applying to Start

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| dd | | mm | | yyyy | | | |

Have you previously applied or attended Columbia College? YES
 NO

If yes, enter your student ID:

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PERSONAL INFORMATION

| Legal Last Name | Legal First Name | Middle Name | Preferred Name (if different) |
|-----------------|------------------|-------------|-------------------------------|
| | | | |

Date of Birth

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| dd | | mm | | yyyy | | | |

Gender

Male
 Female
 Nonbinary
 Other
 Prefer not to say

Preferred Pronouns

He/Him
 She/Her
 They/Them
 Prefer not to say
 Other

Home Address

Unit #/Apt#

Address

City

 Prov

Postal Code

Mailing Address (if Different from Home Address)

Address

City

 Prov

Postal Code

Cell Phone Number

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|-----------|--|--|--|--|--|--|--|
| | | | | | | | |
| area code | | | | | | | |

Home Phone Number

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| | | | | | | | |
| area code | | | | | | | |

E-mail Address

CITIZENSHIP INFORMATION

Country of Citizenship (if not Canadian)

Canadian Citizen
 Refugee Claimant
 Permanent Resident
 Convention Refugee

Student Permit (Student Visa)
 Temporary Resident (Visitor Visa)

Year of Entry into Canada

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Visa Issue Date

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Visa Expiry Date

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dd mm yyyy

Do you wish to declare that you are of Indigenous ancestry within the meaning of the Constitution Act of 1982? If so, Please specify:

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

ADDITIONAL INFORMATION

First Language

Country of Origin

Students With Disabilities or Educational/Physical Accommodations

- Yes, I wish to be contacted about services for students with disabilities or educational/physical accommodations. (If this box is checked, a Columbia College Disability Advisor will contact you.)

HOW DID YOU HEAR ABOUT COLUMBIA COLLEGE?

- Recruitment/Career Fair Friend/Relative Current Columbia College Student Columbia College Website Presentation
- Advertisements High School Columbia College Graduate Internet Agency
- Other

DECLARATION OF APPLICANT

The information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act. I understand that all documentation submitted in support of this or any subsequent application for admission becomes the property of Columbia College and will not be returned to me. The information will become part of my student record and will be disclosed to relevant Columbia College departments for the purposes of administration of policies, procedures, programs, services, registration, tax receipts, graduation, follow-up educational information, and research and alumni programming. In addition, I authorize Columbia College to disclose or request information to and from the federal and provincial governments to meet reporting requirements and to determine eligibility for services and funding. For more information regarding the collection and use of this information, contact the Privacy Office at Office of the Registrar, 802 Manning Road NE, Calgary, AB, T2E 7N8, E-mail: registrar@columbia.ab.ca.

In submitting this application, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to Columbia College and if it occurs or is discovered after admission, may be expelled from Columbia College.

Applicant's Signature

Date Signed