



READMISSION APPLICATION FORM

Student Services Office – Columbia College

802 Manning Road NE Calgary Alberta T2E 7N8
Phone: 403-235-9300 or toll free 1-888-235-9370
Fax: 403-272-3805 www.columbia.ab.ca

PROGRAM (Please check one):

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

PERSONAL INFORMATION

Legal Last Name Legal First Name Middle Initial

Columbia College Student Number

Primary Phone Alternate Phone

Email Address

REQUIRED INFORMATION

- Have you previously graduated from a Columbia College Program? Yes No
1. In your previous studies at Columbia College, have you ever been placed on probation? Yes No
2. Do you have any outstanding fees owing? Yes No
3. Have you ever applied to a program but did not start, partially completed, withdrew, or were withdrawn from a program? Yes No

If yes, please provide a letter on a separate sheet of paper, explaining the following:
The reason(s) why you withdrew or were withdrawn, What has changed since you left, and Why you think you would now be successful in a program.

Please attach any relevant documentation (plane tickets, medical letter, etc.) that supports your explanation. These documents should show that the reason/s why you withdrew or were withdrawn no longer exists. Copies of documents, and not your originals, should be provided to support your explanation.

DECLARATION AND SIGNATURE

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 readmission 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 programing. 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, email: registrar@columbia.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.

This application, along with all supporting documentation, should be submitted to the Student Services Manager. It may be emailed to: laurie.opitz@columbia.ca or dropped off at 802 Manning Road NE, Calgary.

Applicant's Signature:

Date Signed

FOR OFFICE USE ONLY

Completed By:

Date

- Approved
- Not Approved
- Reviewed by committee

Notes: