

APPLICATION FOR ADMISSION

APPLY ONLINE  BOWVALLEYCOLLEGE.CA/APPLY

FOR OFFICE USE ONLY
STUDENT ID

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PERSONAL INFORMATION (Please print clearly)

Legal First Name										Middle/Second Name									
Legal Last Name										Previous Legal Last Name (if applicable)									
Date of Birth:		d	d	m	m	y	y	y	y	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed/Other									
If you wish to declare Aboriginal ancestry, please specify: <input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non-status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit																			

PROGRAM/COURSE

Program/course applied for (Please print clearly)																										
Delivery Method:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Online	<input type="checkbox"/> Distance/homestudy	Start Date: _____ (please specify date)																				
Location of Program		<input type="checkbox"/> Calgary	<input type="checkbox"/> Other	_____ (please specify location)										If applying for the International ESL program, how many terms are you applying for? _____												
Have you previously attended or applied to a Bow Valley College Career Program or Continuing Education course?										<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:		_____					Bow Valley College Student Number							
Alberta Student Number (ASN) - Mandatory for all applicants																										
_____ - _____ - _____		To request or look up your ASN, visit https://extranetapp.learning.gov.ab.ca/learnerregistry/forms																								

ADDITIONAL INFORMATION

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other										In the previous 12 months, I lived:									
First Language: _____										<input type="checkbox"/> In Alberta									
Country of Residency: _____										<input type="checkbox"/> In another province specify province _____									
In the past 12 months, I was:										<input type="checkbox"/> Outside Canada specify country _____									
<input type="checkbox"/> A Student										<input type="checkbox"/> Employed									
<input type="checkbox"/> Unemployed										Other _____									

Citizenship Information

Country of Citizenship																			

<input type="checkbox"/> Canadian Citizen										<input type="checkbox"/> Refugee Claimant									
<input type="checkbox"/> Landed Immigrant (Permanent Resident)																			

International Student Information

<input type="checkbox"/> Student Permit (Student Visa)										(Anticipated)									
<input type="checkbox"/> Work Permit										Date of Entry into Canada _____									
<input type="checkbox"/> Visitor Visa										Visa/Permit Issue Date _____									
Visa Permit no. _____										Visa/Permit Expiry Date _____									
Agent Name _____										(d d / m m / y y)									

APPLICANT CONTACT INFORMATION

Home Address (this address will be used for all communication from the College)		Postal Code
City	Province/State	Country
Mailing Address (if different)		Postal Code
City	Province/State	Country
Primary Phone	Alternative Phone	
Applicant Email Address (required)		
Alternate Email Address		

ACADEMIC HISTORY

High School / Secondary School

Institution Name		
City	Province/State	Country
Start Date: <input type="text" value="d d m m y y"/>	End Date: <input type="text" value="d d m m y y"/>	
Last Grade/Year Completed	Credential Received	

Post-Secondary Academic History (College/University)

Institution Name		
City	Province/State	Country
Start Date: <input type="text" value="d d m m y y"/>	End Date: <input type="text" value="d d m m y y"/>	
Academic Title	Date Credential Issued: <input type="text" value="d d m m y y"/>	
Highest Level Achieved:	<input type="checkbox"/> Certificate <input type="checkbox"/> Applied Degree <input type="checkbox"/> Masters <input type="checkbox"/> Journeyman	
	<input type="checkbox"/> Diploma ___ yrs <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Doctoral <input type="checkbox"/> Other _____	

Payment Options for Application Fee **(note: Application Fee is non-refundable and non-transferable)**

<input type="checkbox"/> Cash	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Certified Cheque		<input type="checkbox"/> Mastercard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Authorized	<input type="checkbox"/> Domestic \$65	Expiry Date (mm/yy):	<input type="text"/>	Security Code (back of card)	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> International \$130					

Name on Credit Card (Please Print) _____

Signature of Cardholder: _____

How did you hear about Bow Valley College?

<input type="checkbox"/> Recruitment/Career Fair	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Course Guide
<input type="checkbox"/> Advertisements	<input type="checkbox"/> Trade Show	<input type="checkbox"/> BVC Alumni	<input type="checkbox"/> Internet _____
<input type="checkbox"/> Agent Name _____	<input type="checkbox"/> High School	<input type="checkbox"/> Current BVC Student	(please specify website)

Applying for someone else? If you are submitting this form for an applicant, with their permission, please provide your contact information.

Contact First Name _____	Relationship to the Applicant _____
Contact Last Name _____	Contact Phone _____
Contact Email Address _____	
Alternate Email Address _____	
Address / Business Address _____	City _____ Province _____ Postal Code _____

Aboriginal Statement

Alberta Advanced Education and Technology is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Privacy (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 your institution's Registrar's Office.

Declaration of Applicant

I certify that I have read and understood all the instructions and information accompanying this application form and that all statements made in connection with this application are true and complete in all respects and that I have not withheld any relevant information. I understand that misrepresentation, falsification of documents, or withholding of requested information are serious offences which may result in the cancellation of my admission and/or registration at the College. I understand and agree that information about any falsification or misrepresentation may be released and exchanged with other post-secondary institutions. I understand that all documentation submitted in support of this or any subsequent application for admission, financial award or any related appeal or petition becomes the property of the College and will not be returned to me. Further, I agree to be bound by the College's policies, rules and regulations as may be amended from time to time.

Date Signed: _____ Applicant's Signature: _____

Consent Regarding my Personal Information

The personal information collected on this form or in conjunction with this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta), Post-secondary Learning Act (Alberta), the Income Tax Act (Canada), the Canada Student Financial Assistance Act, the Canada Student Loans Act, and the Statistics Act (Canada). This personal information is required to administer my application and enrolment in courses and programs at Bow Valley College (the "College"). The information will become part of my student record as an applicant, student, and/or alumnus and will be disclosed to relevant College departments for the purposes of administration of College policies, programs, services, planning, research, tax receipts, student follow-up information, recruitment activities, alumni programming, determining eligibility for scholarships/awards and to Bow Valley College Students' Association and contracted service providers as required in relation to such uses. I authorize the 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. I authorize the College to obtain my transcripts from Alberta Education, other Alberta post-secondary institutions, and ApplyAlberta institutions on my behalf and I authorize the College to send a copy of this consent, if required, to such institutions. For more information regarding the collection or use of your personal information, contact the Office of the Registrar at 345-6th Avenue SE, Calgary, Alberta, T2G 4V1. Phone 403-410-1400 or toll-free in Alberta 1-866-428-2669. I hereby consent to the collection and disclosure of my personal information as described above.

Date Signed: _____ Applicant's Signature: _____

