

APPLICATION FOR ENGLISH LANGUAGE LEARNING PROGRAMS



FOR OFFICE USE ONLY
STUDENT ID

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PERSONAL INFORMATION (Please print clearly)

Legal Last Name			Middle/Second Name				
Legal First Name			Previous Legal Last Name (if applicable)				
Date of Birth:				Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Undisclosed/Other
	Day	Month	Year				

REQUIRED Alberta Student Number (ASN)

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To request or look up your ASN, visit <https://learnerregistry.ae.alberta.ca/>

Have you previously attended or applied to a Bow Valley College Career Program or Continuing Education course?

Yes No If yes, please provide your Bow Valley College Student Number:

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ADDITIONAL INFORMATION

First Language: _____

Activity during the previous 12 months: Student Working Other (specify) _____

Location of activity during previous 12 months: Alberta Other Province: _____ Country: _____

CITIZENSHIP INFORMATION

Are you a Canadian Citizen? Yes No

What is your country of citizenship, if not Canada (name of country)? _____

Please select your status within Canada

Permanent Resident Work Visa

International / Refugee Claimant Other (specify) _____

Refugee Country you lived in before moving to Canada _____

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FOSSID: _____ Immigration Category: _____ Placement: _____

APPLICANT CONTACT INFORMATION

<hr/> Mailing Address (REQUIRED - include City, Province/State, Country, Postal Code) <hr/>
<hr/> Email Address (REQUIRED) <hr/>
<hr/> Phone Number (REQUIRED) <hr/>

ENGLISH LANGUAGE LEARNING PROGRAMS (Please mark your choice below)

FULL-TIME PROGRAMS
<input type="checkbox"/> Full-time English Language Learning <input type="checkbox"/> Alberta Works Funding* <input type="checkbox"/> LINC** <input type="checkbox"/> Fee Payer*
<input type="checkbox"/> Youth LINC Program**
<input type="checkbox"/> English for Academic Purposes <input type="checkbox"/> Alberta Works Funding* <input type="checkbox"/> Youth LINC*** <input type="checkbox"/> Fee Payer*
<input type="checkbox"/> LINC Work Readiness program**
PART-TIME PROGRAMS
<input type="checkbox"/> Part-time English Language Learning (Permanent Residents or Convention Refugees only) Please select the courses you want to take (you can pick 1 or 2): <input type="checkbox"/> Reading /Writing <input type="checkbox"/> Listening/Speaking Please select the time of day you prefer to take classes: <input type="checkbox"/> Morning (9:30 – 12:30) <input type="checkbox"/> Evening (6:00 – 9:00)
<input type="checkbox"/> Part-time English Language Learning – LINC Online** <input type="checkbox"/> Reading <input type="checkbox"/> Writing (you can pick 1 or 2)
<input type="checkbox"/> Part-time English Language Learning – Homestudy (Permanent Residents or Convention Refugees only)
<input type="checkbox"/> Part-time English Language Learning – Regional Campuses
<i>*Non-refundable application fee required (Canadian dollars) **LINC programs are for Permanent Residents or Convention Refugees only. No application fee required ***The Youth LINC program is for Permanent Residents or Convention Refugees who are 18-24 years of age. No application fee required</i>

EDUCATION HISTORY

How many years did you go to school before coming to Canada? _____

What date did you take your benchmark assessment?
Day Month Year

What are your current Canadian Language Benchmarks: Listening _____ Speaking _____ Reading _____ Writing _____

Last High School / Secondary School attended

School Name

City Province/State Country

Start Date: End Date:
Day Month Year Day Month Year

Last Grade/Year Complete: _____ Credential Received: _____

Last Post-Secondary School (College / University) attended

School Name

City Province/State Country

Program/Course Taken: _____ Date Credential Issued:
Day Month Year

Highest level of education you have achieved (REQUIRED):

- | | | | |
|--------------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Applied Degree | <input type="checkbox"/> Masters | <input type="checkbox"/> Journeyman |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Doctoral | <input type="checkbox"/> Other (specify): _____ |

Payment Options for Application Fee (note: Application Fee is non-refundable and non-transferable. LINC applications are not charged an application fee.)

- Applicants can pay in person, at the Registrar's Office, using Visa, MasterCard, cash, debit, personal cheque, certified cheque, money order
- Payment in CAD (Canadian Dollars) only

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

ContactFirstName	Contact LastName	Relationship to the Applicant/Agent or Agency Name	
Email Address (Personal)			
Address (Personal or Agency)	City	Province	Postal Code

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 Apply Alberta 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: _____