



International Application for Admission



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 Campbell College 1-780-448-1850

Program/Course(s) Applied For:	Program Start Date: _____ Year: _____
Campus Location: Campbell College - Edmonton	<input type="checkbox"/> Full time

How did you find out about this program? (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

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 <input type="checkbox"/> Other	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	
Emergency Contact Name	Relationship	Phone number	E-mail		
Home Telephone Number (County Code)	(Area code)	(Number)	Canada Number (include area code)		
E-mail address (please print clearly):		Are you a person with a disability/special needs that requires special considerations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate below) This could include: <input type="checkbox"/> Learning <input type="checkbox"/> Emotional/Mental Health <input type="checkbox"/> Medical or Addictions <input type="checkbox"/> Physical			
Citizenship Status <input type="checkbox"/> Student Visa <input type="checkbox"/> Immigrant: Other <input type="checkbox"/> No visa - Outside Canada		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	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				

Apprenticeship Students ONLY

Apprenticeship Number: _____

ACADEMIC INFORMATION

If Currently Attending High School

If Out of High School

What Grade are You Currently Attending? _____

Last Grade Attended? _____

Expected Graduation Date? _____

When Did you Last Attend?

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.
 - By adding your name to this box, you agree to the terms above.

Applicant's Signature

Date Signed

How to Apply for Admission

1. Submit a completed Application for Admission form to the any of the locations below, by mail or in person. Please enclose a non-refundable application fee. We cannot process your application until payment is received.

**Admissions Team
Campbell College**

101-11748 Kingsway Avenue
Edmonton, Alberta
T5G 0X5

Email: apply@campbellcollege.ca

2. Applicants who have completed out of province education or non-participating institutions with Apply Alberta must contact the appropriate department of education or educational institution to obtain official transcripts. Official transcripts must be sent directly from the issuing institution to the Registrar.
3. Letters of reference, medical forms and questionnaires are often used to assist in evaluating the suitability of applicants for certain programs. When requested, this information must be submitted to complete an application. Your file must be complete to be considered for admission.

Note: All documents submitted become the property of Campbell College and Portage College. They will not be returned to you.

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

Submit