



RED DEER COLLEGE
 100 College Blvd.,
 Box 5005
 Red Deer, Alberta
 T4N 5H5
 Telephone: 403.342.3400
 Fax: 403.357.3660
 E-mail: registrars@rdc.ab.ca
 Home Page: http://www.rdc.ab.ca

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY	NON-REFUNDABLE APPLICATION FEE ENCLOSED <input type="checkbox"/>
I.D. NUMBER	RECEIPT DATE

In which term do you wish to begin attendance? FALL (Sept. – Dec.) WINTER (Jan. – April) SPRING (May – June)

PREVIOUS APPLICATION

I have previously applied to Red Deer College YES NO RDC I.D. # _____
Please enclose a \$70.00 non-refundable application fee (International students - \$140.00).

If you wish to pay the application fee by credit card, please complete the following: MasterCard Visa AMEX
 Card # _____ Expiry Date: MM YY

Name of Cardholder (please print)

Signature of Cardholder

PERSONAL INFORMATION (please type or print clearly AND enter your full legal name)

NAME

LEGAL LAST NAME	
LEGAL FIRST NAME	
LEGAL MIDDLE NAME OR INITIAL	Please check if you do not have a middle name. <input type="checkbox"/>
PREFERRED FIRST NAME	
LIST ALL FORMER NAMES (if applicable i.e. maiden name)	

GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BIRTHDATE	_____ (YYYY/MM/DD)	
MARITAL STATUS	<input type="checkbox"/> Married / Co-Habitant	<input type="checkbox"/> Never Married <input type="checkbox"/> Other

CITIZENSHIP

FIRST LANGUAGE SPOKEN
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Student Visa
<input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Other Visa
If not Canadian – Date of entry to Canada (YYYY/MM)
Country of Citizenship

If you wish to declare you are an Aboriginal person, please specify:
 Status Indian/ First Nations Non-Status Indian/First Nations Métis Inuit

EMERGENCY OR ALTERNATE CONTACT

LAST NAME	FIRST NAME
HOME TELEPHONE	BUSINESS TELEPHONE
RELATIONSHIP TO APPLICANT	

OTHER

ATHLETICS - Do you intend to try out for intercollegiate athletic competition?
 YES NO If yes, which sport?

MUSIC
 Do you intend to try out for a Music Ensemble?
 (Symphonic Winds, Big Band, Choir, etc.)
 YES NO If yes, which ensemble?

DISABILITIES
 If you have special needs related to a disability, would you like the Disability Coordinator to contact you?
 YES NO

PERMANENT ADDRESS

STREET, AVENUE, P.O. BOX NUMBER	
CITY OR TOWN	PROVINCE
POSTAL CODE	COUNTRY
E-MAIL ADDRESS	
HOME TELEPHONE	BUSINESS TELEPHONE

MAILING ADDRESS (if different than above)

STREET, AVENUE, P.O. BOX NUMBER	
CITY OR TOWN	PROVINCE
POSTAL CODE	COUNTRY
E-MAIL ADDRESS	
HOME TELEPHONE	BUSINESS TELEPHONE

WHAT WAS YOUR MAIN ACTIVITY OVER THE LAST YEAR?
 (Choose one item only)
 Student Working/looking for work Other Activity

WHERE WAS YOUR MAIN RESIDENCE LAST YEAR?
 (Choose one item only)
 Alberta Other Province Outside Canada

ACADEMIC INFORMATION

LAST HIGH SCHOOL ATTENDED OR ATTENDING NOW NAME	CITY	PROVINCE	COUNTRY	Alberta Student Number - ASN (if applicable)
ARE YOU ATTENDING HIGH SCHOOL NOW? <input type="checkbox"/> YES If YES, what grade? _____ When will you finish? _____ Y Y Y Y / M M <input type="checkbox"/> NO If NO, last grade completed _____ When did you finish? _____				Will you or do you have a high school diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO

Last year of high school courses which you have completed or will complete prior to attending RED DEER COLLEGE. Please indicate course level(s).

SUBJECT	HIGHEST LEVEL	SUBJECT	HIGHEST LEVEL	SUBJECT	HIGHEST LEVEL	SUBJECT	HIGHEST LEVEL
ART		ENGLISH		TYPING		MATH	
BIOLOGY		FRENCH		PHYSICS		For Alberta applicants only:	
CHEMISTRY		MUSIC		SCIENCE		PURE MATH 30	<input type="checkbox"/>
DRAMA		SOCIAL STUDIES		PHYS. ED.		APPLIED MATH 30	<input type="checkbox"/>

POST SECONDARY EDUCATION

Attach list if more than two. Attached

Name of University/College/Technical Institute (List MOST RECENT first)	LOCATION City / Province	Last Attended Year / Month	Length of Program	Certificate/Diploma Obtained or Number of Years Completed

PROGRAM CHOICE INFORMATION

1 st Program Choice	2 nd Program Choice
MAJOR (if applicable)	MAJOR (if applicable)
TYPE OF STUDENT (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Distance Learning	
<input type="checkbox"/> Visiting (Specify: University/College – Letter of Permission required) : _____	
Note: If you are accepted into your first program of choice, your application for your second choice will not be processed.	
If you do not gain admission to your program of choice, would you like to be considered for the Open Studies Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Transfer Student Applicants - To which University do you hope to transfer? Check your first choice destination:	
<input type="checkbox"/> University of Alberta <input type="checkbox"/> University of Calgary <input type="checkbox"/> University of Lethbridge <input type="checkbox"/> Undecided	
<input type="checkbox"/> Other – please specify : _____	

DECLARATION OF APPLICANT

The personal information that you provide on this form is being collected under the authority of the Post-secondary Learning Act of Alberta, the Freedom of Information and Protection of Privacy Act of Alberta, the Statistics Act of Canada and the Income Tax Act of Canada. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. The information will be used by the Registrar's Office for the purpose of determining your eligibility for admission and registration in programs; collecting transcripts; administering records, scholarships and awards; providing student services; and for alumni relations and fundraising. The personal information may be disclosed to: academic and administrative units for College planning and research activities; federal and provincial agencies for reporting requirements; contracted or public health care providers including collaborative educational, funding, and workplace agencies as required, and the Student's Association of Red Deer College through data sharing agreements. The information will be retained by the Registrar's Office and will be destroyed in accordance with approved Information Management guidelines. If you have any questions about the collection and use of this personal information, please contact the Registrar, Red Deer College, 100 College Blvd., Box 5005, Red Deer, Alberta, T4N 5H5, Telephone:403.342.3300.

Declaration of aboriginal descent is self proclaimed. ALBERTA ADVANCED EDUCATION AND TECHNOLOGY IS COLLECTING THIS PERSONAL INFORMATION PURSUANT TO SECTION 33(C) OF THE 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, System Capacity and Development, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-9635.

I certify that the information provided is true and complete in all respects and that no information has been withheld. I understand that falsifying or omitting documents or information on this application will result in immediate and permanent dismissal from the College. Falsified documents may be referred to the appropriate authorities for prosecution of the applicant under the Criminal Code of Canada. The College reserves the right to refuse admission or cancel any admission ruling. I agree, if admitted, to comply with all College policies and understand my rights and responsibilities as a Red Deer College student.

I agree, if admitted to Red Deer College, to comply with all rules and regulations of the College.

SIGNATURE OF APPLICANT	DATE OF APPLICATION
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