



**MEDICINE HAT
COLLEGE**

MEDICINE HAT COLLEGE

International Application for Admission

INTERNATIONAL EDUCATION - 299 COLLEGE DRIVE SE - MEDICINE HAT, AB - T1A 3Y6

Paper applications are only accepted from students working with educational representatives contracted by MHC or MHC's institutional partners. This application must be sent directly by the student to registration@mhc.ab.ca. Students applying independently should apply online at www.applyalberta.ca.

Have you previously applied to a Medicine Hat College program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously attended Medicine Hat College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, Student ID Number (if known)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Last Name (same as on Passport)		First Name		Middle Name	
Mailing Address					
City/Town		Province/State	Country	Postal Code/Zip	
Canadian Mailing Address (if known)		City/Town		Province	Postal Code
Telephone Number - Home		Cell Phone Number		FAX Number	
Date of Birth (month/day/year)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	E-mail Address	
Emergency Contact Name		Relationship		Telephone Number	
Citizenship					
<input type="checkbox"/> Canadian	<input type="checkbox"/> Permanent Resident/Landed Immigrant	<input type="checkbox"/> Refugee Status	<input type="checkbox"/> Study Permit	<input type="checkbox"/> Work Visa	<input type="checkbox"/> Visitor Visa
Country of Citizenship _____			First Language Spoken _____		
Language of Instruction _____			TOEFL or IELTS Score _____		

PROGRAM DESIRED

<input type="checkbox"/> English for Academic Purposes	Applying to begin: _____
<input type="checkbox"/> Program _____	
Program Type <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Applied Degree <input type="checkbox"/> University Transfer	Planned Length of Stay _____

Office Use Only

EDUCATION HISTORY

Last High School attended or currently attending School Name	City/Town	Province/State	Country
Date Last Attended (Month/Year) _____ Highest Grade Completed _____	Diploma Received or Expected <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously attended a Post-Secondary Institution <input type="checkbox"/> Yes <input type="checkbox"/> No			
Post-Secondary Institution Last Attended or Currently Attending	City/Town	Province/State	Country
Date Last Attended (Month/Year) _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Program _____	Level Achieved <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		

GENERAL RELEASE OF PERSONAL DATA

The purpose of this section is to gain your permission for the disclosure of information gathered during your studies at Medicine Hat College to an agency or institution who is assisting you.

Organization assisting me (e.g. agency or university): _____

Name of agent/home university: _____

Agent/University email: _____

Agent/University phone number: _____

Information: Includes personal information such as name, address, date of birth and educational history, program information such as program name, start date, letters of acceptance, transcripts, student ID#, grades, and account information such as account balances or account summary and receipts.

Purpose of Disclosure: Providing permission to release the above stated information to the third party indicated to assist me preceding, during and after my application and/or acceptance to Medicine Hat College. This information may be shared in person, by telephone, fax, mail and/or email.

- I hereby provide permission to disclose the information noted above for the stated purpose
- I hereby withhold permission to disclose information

I understand that signing this release form is voluntary and is limited to what is indicated above. The consent may be revoked at any time in writing.

Applicant's Signature: _____

DOCUMENTS REQUIRED and METHOD OF PAYMENT

- Student Visa and TOEFL or IELTS score (if applicable)
- All post-secondary transcripts (if applicable)
- Copy of photo ID with signature (e.g. passport)
- High school transcripts or copy of marks certified by school official, showing grade 11 and first semester of grade 12. Official high school transcripts MUST be received following completion of grade 12.

Please enclose the \$60 non-refundable application fee

- Cheque payable to Medicine Hat College VISA MasterCard Money Order

Card Number _____ Expiry Date (Month/Year) _____

Cardholder's Name _____ Cardholder's Signature _____

DECLARATION

I agree if admitted to abide by the rules and regulations of Medicine Hat College. I certify that the information I have provided is true and complete in all respects and that no relevant information be withheld. The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mbc.ab.ca.

Applicant's Signature _____

Date _____