



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

APPLICATION FOR ADMISSION

School of Continuing Education

CAREER DEVELOPMENT CERTIFICATE PROGRAM

PREVIOUS APPLICATION

Have you previously registered at Red Deer College? YES <input type="checkbox"/> NO <input type="checkbox"/>	RDC ID #

Domestic applicants must pay a \$120, non-refundable application fee before your application is processed. Please send an e-transfer through online banking to cashier@rdc.ab.ca Include "Career Development Application Fee" as well as your name in the memo/notes field. This will help us ensure the payment is posted to the correct account. Or mail a cheque made payable to Red Deer College with your completed application to the address above.

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, e.g., maiden name)	

GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BIRTHDATE	<input type="text"/>	(YYYY/MM/DD)

CITIZENSHIP

FIRST LANGUAGE SPOKEN
What is your status, per Immigration, Refugee and Citizenship Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee <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

PERMANENT ADDRESS

STREET, AVENUE, P.O. BOX NUMBER	
CITY OR TOWN	PROVINCE
POSTAL CODE	COUNTRY
E-MAIL ADDRESS	
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER

Declaring your Indigenous ancestry will assist in providing services and developing programs for Indigenous learners.			
<input type="checkbox"/> Status Indian/ First Nations	<input type="checkbox"/> Non-Status Indian/First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit

EMERGENCY CONTACT

LAST NAME	FIRST NAME
HOME TELEPHONE	BUSINESS TELEPHONE
RELATIONSHIP TO APPLICANT	

OTHER

DISABILITIES If you have special needs related to a disability, would you like the Disability Services Coordinator to contact you? <input type="checkbox"/> YES <input type="checkbox"/> NO

MAILING ADDRESS (if different than above)

STREET, AVENUE, P.O. BOX NUMBER	
CITY OR TOWN	PROVINCE
POSTAL CODE	COUNTRY
E-MAIL ADDRESS	
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER

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? YYYY / MM _____ <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
Please indicate your highest level of High School English: _____	

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

1st Program Choice	2nd Program Choice
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DECLARATION OF APPLICANT

The personal information on this form is collected under the authority of the Post-secondary Learning Act of Alberta, the Freedom of Information and Protection of Privacy Act of Alberta (FOIP), the Statistics Act of Canada and the Income Tax Act of Canada. The information will be protected in compliance with FOIP used by the Registrar's Office to determine 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 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:403.342.3400.

Declaration of Indigenous ancestry is self proclaimed. ADVANCED EDUCATION 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 INDIGENOUS LEARNER SUCCESS. For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Research Accountability and Data Collection, Alberta Advanced Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 422-4322. If you have any questions regarding the collection activity of the post-secondary institution, please contact the Registrar of Red Deer College.

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
SIGNATURE OF PARENT/GUARDIAN if applicable	DATE