



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

APPLICATION FOR ADMISSION

Please select location: Sterling College – Vancouver BC
 Red Deer College – Red Deer AB

I have previously applied to Red Deer College YES NO RDC ID # _____

A non-refundable deposit of \$120 for Domestic Students and \$200 for International Students is required before your application is processed. Please send an e-transfer through online banking to cashier@rdc.ab.ca Include "Sterling College 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 print clearly AND enter your full legal name)

NAME

| | |
|--|---|
| LEGAL LAST NAME (SURNAME) | |
| LEGAL FIRST NAME (GIVEN NAME) | |
| LEGAL MIDDLE NAME | 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) | |

Red Deer College recognizes and welcomes the autonomy of individuals of all genders to be referred to in a way that reflects their identity. All applicants are welcome to signify the gender that they identify with.

| | | | |
|-----------|-------------------------------|---------------------------------|--------------------------------------|
| GENDER | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Unspecified |
| BIRTHDATE | _____ (YYYY/MM/DD) | | |

PERMANENT ADDRESS

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

CITIZENSHIP

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

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 |

INDIGENOUS DECLARATION

| | | |
|--|--|---|
| Declaring your Indigenous heritage will assist in providing services, developing programs and offering events 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 | <input type="checkbox"/> Not Applicable |

OTHER

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

EMERGENCY CONTACT

| | |
|---------------------------|------------------------|
| LAST NAME | FIRST NAME |
| PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER |
| RELATIONSHIP TO APPLICANT | |

Alberta Student Number - ASN
(if applicable)

SECONDARY EDUCATION (High School) Attach list if more than three. Attached

| Name of Secondary School/High School (List MOST RECENT first) | LOCATION City / Province | Last Attended Year / Month | Highest Grade Attended | Are you currently attending? If yes, please indicate when you will complete (YY/MM) |
|--|-----------------------------|-------------------------------|------------------------------|---|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO (/) |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO (/) |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO (/) |

Will you or do you have a high school diploma? YES NO

**Highest level of high school courses which you have completed or will complete prior to attending Red Deer College.
Please indicate course level(s) and percentage(s). If courses are currently in progress please indicate INP in the % column.**

| SUBJECT | LEVEL | % | SUBJECT | LEVEL | % | SUBJECT | LEVEL | % | SUBJECT | LEVEL | % |
|--|-------|---|---|-------|------|-------------------|-------|---|---|-------|---|
| ART | | | DRAMA | | | PHYS. ED. | | | List the highest levels of Math, e.g., 30-1, 30-2, Applied, etc. | | |
| BIOLOGY | | | ENGLISH | | | PHYSICS | | | MATH | | |
| CHEMISTRY | | | FRENCH (Or approved second language) | | | SCIENCE | | | MATH | | |
| COMPUTER SCIENCE | | | MUSIC | | | SOCIAL STUDIES | | | MATH | | |
| English Language Placement Test: (Please Enter Score) | | | TOEFL | IELTS | CAEL | MELAB | PTE | | | | |

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 | |
| <input type="checkbox"/> Full – Time <input type="checkbox"/> Part – Time <input type="checkbox"/> Distance <input type="checkbox"/> On Campus | | <input type="checkbox"/> Full – Time <input type="checkbox"/> Part – Time <input type="checkbox"/> Distance <input type="checkbox"/> On Campus | |

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), Section 33, the Statistics Act of Canada and the Income Tax Act of Canada. The information will be protected in compliance with FOIP used by the Office of the Registrar to determine your eligibility for admission and registration in current and future 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 aboriginal descent is self proclaimed. ALBERTA 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 ABORIGINAL 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.

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|------------------------|---------------------|
| SIGNATURE OF APPLICANT | DATE OF APPLICATION |
|------------------------|---------------------|