



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 ID # \_\_\_\_\_  
 Non-refundable application fee enclosed  \$70 Domestic Student  \$140 International Student

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.   
 PREFERRED FIRST NAME \_\_\_\_\_  
 LIST ALL FORMER NAMES (if applicable, e.g., maiden name) \_\_\_\_\_

GENDER  Male  Female  
 BIRTHDATE \_\_\_\_\_ (YYYY/MM/DD)

### CITIZENSHIP

FIRST LANGUAGE SPOKEN \_\_\_\_\_  
 What is your status, per Citizenship and Immigration Canada rules  
 Canadian Citizen  Refugee  Student Visa  
 Permanent Resident/Landed Immigrant  Other Visa  
 If not Canadian – Date of entry to Canada (YYYY/MM) \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_

Declaring your Aboriginal heritage will assist in providing services, developing programs and offering events for Aboriginal learners.  
 Status Indian/ First Nations  Non-Status Indian/First Nations  Métis  Inuit

### 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 Services 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 \_\_\_\_\_

### 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? <span style="float: right;">YYYY / MM</span> <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). Only International Students are required to provide the Grade Percentage %.**

SUBJECT	LEVEL	%	SUBJECT	LEVEL	%	SUBJECT	LEVEL	%	SUBJECT	LEVEL	%
ART			DRAMA			PHYS. ED.			List the highest levels of Math, e.g., 30-1, 30-2, 31, Applied, etc.		
BIOLOGY			ENGLISH			PHYSICS			MATH		
CHEMISTRY			FRENCH (Or approved second language)			SCIENCE			MATH		
COMPUTER SCIENCE			MUSIC			SOCIAL STUDIES			MATH		
International Applicants Score: TOEFL _____ IELTS _____ CAEL _____ MELAB _____											

### 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 <sup>st</sup> Program Choice	2 <sup>nd</sup> 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? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<b>Transfer Student Applicants</b> - 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 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 aboriginal descent is self proclaimed.** ALBERTA ENTERPRISE AND 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, System Capacity and Development, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-9635. 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
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