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Application for Admission

We are collecting your personal information under the authority of the Colleges Act (RSA 2000, Chapter F- 25), which mandates the provision of programs and services. We ask this information to determine your eligibility for training and applicable services, and for research and statistical purposes. If you have any questions about the collection, use and/or disclosure of this information, you may contact the Registrar's Office at 780-623-5551.

Please be advised that we cannot process your application until the non-refundable application fee has been paid in full. Please check the Program Dates & Costs schedule on our website for the current application fee rates.

*Continuing Education short courses are not required to pay the application fee. Please contact Student Services for verification.

Program/Course(s) Applied For:		Program Start Date: _____
Campus Location:		Year: _____
<input type="checkbox"/> Cold Lake <input type="checkbox"/> Lac La Biche <input type="checkbox"/> St. Paul <input type="checkbox"/> Other Portage Campus _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Fall Term <input type="checkbox"/> Winter Term <input type="checkbox"/> Spring Term

How did you find out about this program? (Check ONE only)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook/Twitter/YouTube	<input type="checkbox"/> College Website
<input type="checkbox"/> Viewbook/Brochure	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Career Day	<input type="checkbox"/> Open House	<input type="checkbox"/> Agency Referral
<input type="checkbox"/> Community Info Fair	<input type="checkbox"/> High School Visit	<input type="checkbox"/> Other website/link	<input type="checkbox"/> High School Counsellor	<input type="checkbox"/> Previous Program

Have you previously applied to Portage College? Yes No If yes, what year? _____

PERSONAL INFORMATION (Please print in all areas or check the appropriate box (es).)

Date of Birth _____ day month year		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Student ID Number (if known)		Alberta Student Number (if known) (ASN)	
Last Name			First Name		Middle Name		Maiden Name (if applicable)
Current Mailing Address (Box Number or Street Address)			City/Town		Province	Country	Postal Code
Alternate Mailing Address (Box Number or Street Address)			City/Town		Province	Country	Postal Code
Home Telephone Number (include area code)		Work Telephone Number (include area code)	Cell Telephone Number (include area code)		Alternate Telephone Number (include area code)		Home Community
E-mail address (please print clearly):				Are you a person with a disability/special needs that requires special considerations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate below) This could include: <input type="checkbox"/> Learning <input type="checkbox"/> Emotional/Mental Health <input type="checkbox"/> Medical or Addictions <input type="checkbox"/> Physical			
Citizenship Status <input type="checkbox"/> Canadian <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident/Landed Immigrant: <input type="checkbox"/> Other Visa			Marital Status <input type="checkbox"/> Married/Common-law <input type="checkbox"/> Single <input type="checkbox"/> Other		In the past year, I was <input type="checkbox"/> A Student <input type="checkbox"/> Employed <input type="checkbox"/> Other		In the past year, I resided in <input type="checkbox"/> Alberta <input type="checkbox"/> Another Province <input type="checkbox"/> Outside Canada
First Language Spoken		Country of Citizenship		Are you interested in inter-Collegiate Athletic Competition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which sport?			

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

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, Business Operations and Reporting, Post-Secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton, AB, T5J 4L5, 780-427-7145 or Portage College Registrar's Office.

Apprenticeship Students ONLY

Apprenticeship Number: _____

ACADEMIC INFORMATION

If Currently Attending High School

If Out of High School

What Grade are You Currently Attending? _____

Last Grade Attended? _____

Expected Graduation Date? _____

When Did you Last Attend?

Do you have a High School Diploma? Yes No

Last High School Attended or Attending?

NAME:	CITY:	PROVINCE:	COUNTRY:	
Post-Secondary Education – Name of Institution	Location	Year Last Attended / Currently Attending (year/month)	Length of Program	Certificate / Diploma / Degree Obtained Or Number of Years Completed

CONSENT TO RELEASE INFORMATION

I authorize Portage College to disclose relevant personal information about me collected on this form, as required:

- to affiliated service providers for the purposes of confirming my enrolment status to determine my eligibility for services
- to Alberta Advanced Education and Technology, Alberta Human Services (Alberta Employment and Immigration) to maintain enrolment and statistical reporting
- to my funding agency(ies), as required, to confirm my eligibility for funding or continued funding
- to authorize information on this application to be entered into the Apply Alberta system
- to authorize Alberta Education and Apply Alberta's participating institutions to send official transcripts to Portage College
- to authorize Portage College to send a copy or record of this consent to any of the Apply Alberta participating institutions from whom Portage College will be collecting my transcripts.
- By adding your name to this box, you agree to the terms above.

Applicant's Signature

Date Signed

How to Apply for Admission

1. Submit a completed Application for Admission form to the any of the locations below, by mail or in person. Please enclose a non-refundable application fee. We cannot process your application until payment is received.

**Admissions
Portage College
Cold Lake Campus**
101, 7825 – 51 Street
(Cold Lake Energy Centre)
Cold Lake, Alberta T9M 0B6
780-639-0030
Fax: 780-639-2330

**Admissions
Portage College
Lac La Biche Campus**
Box 417 (9531 - 94 Avenue)
Lac La Biche, Alberta T0A 2C0
Toll Free: 1-866-623-5551 or 780-623-5580
Fax: 780-623-5519

**Admissions
Portage College
St. Paul Campus**
Box 1471 (5205 - 50 Avenue)
St. Paul, Alberta T0A 3A0
780-645-5223
Fax: 780-645-5162

Or scan or inquire to info@portagecollege.ca

** Apprenticeship Programs: Please Contact The Lac La Biche Location for Additional Requirements.

2. Applicants who have completed out of province education or non-participating institutions with Apply Alberta must contact the appropriate department of education or educational institution to obtain official transcripts. Official transcripts must be sent directly from the issuing institution to the Registrar.
3. Letters of reference, medical forms and questionnaires are often used to assist in evaluating the suitability of applicants for certain programs. When requested, this information must be submitted to complete an application. Your file must be complete to be considered for admission.

Note: All documents submitted become the property of Portage College. They will not be returned to you.**FOR OFFICE USE ONLY**

Application Fee Assessed? _____ Initial _____ Date _____ Receipt Number _____

 Accepted Conditional acceptance Selection Pending Waitlisted Denied

Conditions:

Program (if different from program applied for)	Program Start Date	Program End Date	Authorized by