

APPLICATION FOR DUAL CREDIT PROGRAM



PERSONAL INFORMATION (Please print clearly)

FOR OFFICE USE ONLY
STUDENT ID

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<input type="text"/>	<input type="text"/>
Legal First Name	Middle/Second Name
<input type="text"/>	<input type="text"/>
Legal Last Name	Previous Legal Last Name (if applicable)
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed/Other
mm dd yyyy	

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

PROGRAM/COURSE

Program/course applied for: (please print clearly) <input type="text"/>
Delivery Method: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Online <input type="checkbox"/> Distance/homestudy

Location of Program: <input type="checkbox"/> Calgary <input type="checkbox"/> Other (please specify location) _____
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Have you previously attended or applied to a Bow Valley College Career Program or Continuing Education course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Bow Valley College Student Number: <input type="text"/>
Alberta Student Number (ASN) - Mandatory for all applicants <input type="text"/> - <input type="text"/> - <input type="text"/> To request or look up your ASN, visit https://extranetapp.learning.gov.ab.ca/learnerregistry/forms

ADDITIONAL INFORMATION

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
First Language: _____
Activity during the previous 12 months: <input type="checkbox"/> Student <input type="checkbox"/> Working <input type="checkbox"/> Other
Location of activity during previous 12 months: Alberta: _____ Other Provinces: _____ Country: _____

CITIZENSHIP INFORMATION

Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not a Canadian Citizen, what is your country of Citizenship? _____
Citizenship Status: Please enter your citizenship status within Canada (If you are waiting to receive Permanent Residency or if you are currently obtaining or plan to obtain a study permit, please choose Study Permit)
<input type="checkbox"/> Permanent Resident
<input type="checkbox"/> Refugee Claimant
<input type="checkbox"/> Study Permit
<input type="checkbox"/> Work Visa
<input type="checkbox"/> Other
Date of entry into Canada: <input type="text"/> <input type="text"/> <input type="text"/>
mm dd yyyy

APPLICANT CONTACT INFORMATION

Mailing Address (this address will be used for all communication from the College)		Postal Code
City	Province/State	Country
Primary Phone	Alternative Phone	
Email Address (required)		

ACADEMIC INFORMATION

High School / Secondary School

Institution Name					
City		Province/State		Country	
Start Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	End Date:	<input type="text"/>
	mm	dd	yyyy		mm
					dd
					yyyy
Last Grade/Year Completed: _____					

DUAL CREDIT PROGRAM CONSENT

Your child has expressed an interest in taking a Bow Valley College course (or courses) as part of their high school program. If the student is accepted into the course, they will receive credit for both the Bow Valley College course, and will also receive high school credit in CTS (Career and Technology Studies) courses. The Dual Credit course will be taught by a college instructor. Some face to face meetings may be scheduled at the college and/or in the high school. Students may work on their course during a spare or they may need to work on the course outside of the high school schedule. The course follows the college schedule, meaning that students may have to attend classes outside of the high school schedule. The students will receive detailed course information from

Part 1: Student (required)

By signing this agreement, I acknowledge my understanding that I am enrolled in a college level course and that my work will be graded according to the same standards applied to college students. As a Bow Valley College student, I understand that I will be expected to follow the Bow Valley College code of conduct and adhere to Bow Valley College academic policy, including all safety guidelines and procedures, while involved in Bow Valley College courses. I also understand the necessity of being a good ambassador for my high school and community. I give permission for Bow Valley College to share marks with the school, so that the school may report as per high school reporting requirements.

Print Student Name _____ Student Signature _____
 Date: _____

Part II: Parent/Guardian Permission (required)

I authorize my child's participation as Bow Valley College student in the above mentioned Bow Valley College course.

Print Parent/Guardian Name _____ Parent/Guardian Signature _____
 Date: _____ Parent/Guardian Email: _____

Aboriginal Statement

Alberta Advanced Education and Technology is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Privacy (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 your institution's Registrar's Office.

Declaration of Applicant (required)

I certify that I have read and understood all the instructions and information accompanying this application form and that all statements made in connection with this application are true and complete in all respects and that I have not withheld any relevant information. I understand that misrepresentation, falsification of documents, or withholding of requested information are serious offences which may result in the cancellation of my admission and/or registration at the College. I understand and agree that information about any falsification or misrepresentation may be released and exchanged with other post-secondary institutions. I understand that all documentation submitted in support of this or any subsequent application for admission, financial award or any related appeal or petition becomes the property of the College and will not be returned to me. Further, I agree to be bound by the College's policies, rules and regulations as may be amended from time to time.

Date Signed: _____ Applicant's Signature: _____

Consent Regarding my Personal Information (required)

The personal information collected on this form or in conjunction with this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta), Post-secondary Learning Act (Alberta), the Income Tax Act (Canada), the Canada Student Financial Assistance Act, the Canada Student Loans Act, and the Statistics Act (Canada). This personal information is required to administer my application and enrolment in courses and programs at Bow Valley College (the "College"). The information will become part of my student record as an applicant, student, and/or alumnus and will be disclosed to relevant College departments for the purposes of administration of College policies, programs, services, planning, research, tax receipts, student follow-up information, recruitment activities, alumni programming, determining eligibility for scholarships/awards and to Bow Valley College Students' Association and contracted service providers as required in relation to such uses.

I authorize the College to disclose or request information to and from the federal and provincial governments to meet reporting requirements and to determine eligibility for services and funding. I authorize the College to obtain my transcripts from Alberta Education, other Alberta post-secondary institutions, and ApplyAlberta institutions on my behalf and I authorize the College to send a copy of this consent, if required, to such institutions. For more information regarding the collection or use of your personal information, contact the Office of the Registrar at 345-6th Avenue SE, Calgary, Alberta, T2G 4V1. Phone 403-410-1400 or toll-free in Alberta 1-866-428-2669.

I hereby consent to the collection and disclosure of my personal information as described above.

Date Signed: _____ Applicant's Signature: _____