



Livingstone Range
SCHOOL DIVISION #46

Application - Dual Credit and Exploratory Programs 2020/21 Semester 2

(Please email completed form to dualcredit@lrsd.ab.ca)

First name:	Last name:
Address:	
Email:	
Home phone:	Cell phone:
High School:	Grade in 2020/21:
Age: (minimum 15 years)	Birth date:

Program interest: What program(s) are you interested in? If you are interested in more than one program, please number them in order of preference (up to three).

University of Lethbridge

Please list courses interested in:

SAIT

Please list courses interested in:

OLDS COLLEGE

Please list courses interested in:

BOW VALLEY COLLEGE

Please list courses interested in:

Why are you interested in the program(s) you selected?

Strengths: Please list several strengths you would bring to this/these programs.

Career Plans: Tell us how what you selected fits into your future plans.

Semester 2 Schedule - What other courses are you planning to take in semester 2? If they potentially conflict with your dual credit/exploratory program, how will you deal with that?

Transportation: Students are responsible for their own transportation. If you are applying for a program offered on campus at a post-secondary institution, what method of transportation will you use to get to and from classes? (Students are not permitted to drive each other.)

___ own vehicle ___ public transit ___ parent will drive

References: Please provide the name and contact information of the people who you would suggest we contact as references. At least one must be a teacher.

Reference #1 (Teacher)

Name:
Email address:
Phone number:

Reference #2

Name:
How does this person know you?
Email address:
Phone number:

Verification:

1. Have you completed **HCS3000 Workplace Safety**? Yes No

If not, do you acknowledge that you will register and complete the course before September? Yes No

2. Have you confirmed that you have met (or will meet) all other stated **prerequisites** required for the program(s) you're applying for? Yes No

3. Please attach a copy of your **Detailed Academic Report** (from MyPass) to your application to show that you are on track to meet graduation requirements.

I verify that the information provided in this application is true.

Student name _____

Student signature _____ Date _____

I am aware that my son/daughter is applying for the program(s) stated in this application. I support their application and I give him/her my permission to participate in the program if accepted.

Parent/guardian name _____

Parent/guardian signature _____ Date _____

Livingstone Range School Division is pleased to be in partnership with the following learning institutions to deliver engaging opportunities for our students.

