# **APPLICATION FOR DUAL CREDIT PROGRAM**

BOWYALLEY

| PERSONAL INFORMATION (Typed entry only)   |                    | STUDENT ID                          |  |
|---|--------------------|-------------------------------------|--|
| Legal First Name  | Middle/Second Name | Legal Last Name                     |  |
| Previous Legal Last Name (if applicable)  | Date of Birth:     | Gender:<br>Female                   |  |
| If you wish to declare Indigenous ancestry, please specify:<br>Status Indian/First Nation Métis |                    | Male<br>Non-binary / gender diverse |  |
| Non-Status Indian/First Nation  | Inuit              | Prefer not to say                   |  |

# SCHOOL BOARD AND PROGRAM OF STUDY

Program/Course applied for:

Which Alberta School Board are you a student of?

Have you previously attended or applied to the Bow Valley College Dual Credit Program?

Yes No If yes, please provide your Bow Valley College Student Number

Alberta Student Number (ASN) - Mandatory for all applicants

To request or look up your ASN, visit https://learnerregistry.ae.alberta.ca/

FOR OFFICE USE ONLY

Program Start Date

## **CITIZENSHIP INFORMATION**

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| Are you a Canadian Citizen?   | Yes       | No    |   |  |  |  |
|---|-----------|-------|---|--|--|--|
| If you answer no to the above question, please answer the following questions.<br>What is the country of your current citizenship? What is your first language?   |           |       |   |  |  |  |
|   |           |       | , |  |  |  |
|   |           |       |   |  |  |  |
| <b>Citizenship Status:</b> 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 specify "Study Permit" in Other). |           |       |   |  |  |  |
| Permanent Resident International / Refugee Claimant   |           |       |   |  |  |  |
| Refugee   | Work Visa | Other |   |  |  |  |
|   |           |       |   |  |  |  |
| Date of entry into Canada:  |           |       |   |  |  |  |

# **APPLICANT CONTACT INFORMATION**



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

## ACADEMIC HISTORY High School / Secondary School

| Institution Name          |                |                     | Start Date |
|---------------------------|----------------|---------------------|------------|
| City                      | Province/State | Country             | End Date   |
| Last Grade/Year Completed |                | Credential Received |            |

## **Indigenous 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**

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.

### **Consent Regarding My Personal Information**

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 postsecondary 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

# Completed applications to be emailed to dualcredit@bowvalleycollege.ca