

Online Dual Credit Registration Form

Section I Personal Data

Legal Last Name: _____ Legal First Name: _____ Middle Name: _____

Preferred Name: _____ Former/Maiden Name (if applicable): _____

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____ Birthdate (mm/dd/yyyy): _____

Gender: Female Male Other

Alberta Student Number (ASN): _____

Immigration Status:

Domestic Applicant

International Applicant

Canadian Citizen

Country of Citizenship: _____

Permanent Resident - Country of Citizenship: _____

Refugee - Country of Citizenship: _____

First/Native Language: _____

Section II Course Selection

Winter 2021 AHT 1140 Veterinary Practice-The Team Connection

HRT 1700 – Producing Horticulture Crops

ATG 1007 – Electronics and Control Systems

EVS 1210 – Applied Ecology

AHT 1050 – Introduction to the Veterinary Profession

Section III Voluntary Disclosures

Indigenous Ancestry – This information is being collected on behalf of Advanced Education and Technology, 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 Indigenous learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Post-secondary Planning and Accountability, Adult Learning Division, Alberta Advanced Education and Technology, 10155 102 Street, Edmonton, AB T5J 4L5 (780) 422-1209. If you wish to declare that you are an Indigenous person, please specify:

First Nations - Status

Métis

First Nations – Non-Status

Inuit

Section IV FOIP

Freedom of Information and Protection of Privacy

The information collected on this form is collected for the purpose of the dual credit program under the authority of the Post Secondary Learning Act, the School Act and the Freedom of Information and Protection of Privacy Act. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. If you have any questions about the collection and use of this information, please contact the Dual Credit Coordinator at 403-507-7731.

_____ PRINT NAME OF STUDENT	_____ SIGNATURE OF STUDENT	_____ DATE
_____ PRINT NAME PARENT/GUARDIAN	_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE

Section V Dual Credit Agreement

Name: _____

High School: _____ School District: _____

Part 1 – STUDENT

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. I understand that the final grade earned in this course will be entered into my permanent record at Olds College. As an Olds College dual credit student I understand and agree to the following:

- Participate in online training as required. You must contact your instructor if you will be unable to meet any deadlines.
- Meet program expectations.
- Intent to withdraw from the college at any time will require the completion of Olds College Withdrawal Form and your school district submitting it to the Director of the Community Learning Campus.
- A "W" grade will be assigned to the course in the current registration period providing you have submitted the withdrawal form. Withdrawals will be accepted until the last day of the course.

In signing this application, I agree to abide by the rules and regulations governing study with Olds College and the school district.

I declare that the information contained in this application is complete and correct. I understand that information about my registration and course progress will be shared between the school district and the college. I understand that this application does not guarantee admission to Olds College programs and is subject to the availability of seats. I understand that this is a school district partnership and agree that the school district and college reserve the right to modify the program without notice or prejudice.

_____ PRINT NAME OF STUDENT	_____ SIGNATURE OF STUDENT	_____ DATE
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Part 2 – PARENT/GUARDIAN PERMISSION

I authorize my child's participation in Olds College course(s). I give permission for Olds College to share information about course progress and registration with the school district, so that the school may report as per high school reporting requirements.

I declare that the information contained in this application is complete and correct. I understand that this application does not guarantee admission to Olds College programs and is subject to the availability of seats. I understand that this is a school district partnership and agree that the school district and college reserve the right to modify the program without notice or prejudice.

PRINT NAME (PARENT/GUARDIAN) SIGNATURE (PARENT/GUARDIAN) DATE

Part 3 – SCHOOL DISTRICT DUAL CREDIT CONTACT

I have discussed the dual credit course with this student and I recommend him/her as a candidate for admission.

PRINT NAME (SCHOOL DISTRICT CONTACT) SIGNATURE (SCHOOL DISTRICT CONTACT) DATE

EMAIL ADDRESS (SCHOOL DISTRICT CONTACT)

TEACHER MONITORING STUDENT LEARNING (IF DIFFERENT FROM SCHOOL CONTACT) EMAIL ADDRESS

Part 4

Please email the fully completed form to coned@oldscollege.ca

