North West College

| Battlefords Campus | Phone: 306-937-5100 | Fax: 306-445-1575 |
| Meadow Lake Campus | Phone: 306-234-5100 | Fax: 306-236-7630 |

APPLICATION FOR ADMISSION

Program/Course Name	Location	Start date

PERSONAL

Last Name	First and Middle Names	Other Names Used
Home Mailing Address	City/Province	Postal Code
Email Address	Cellular Telephone	Home Telephone

Date of Birth (DD-MMM-YYYY)   Male ☐   Female ☐   Other ☐   Prefer Not to Report ☐   Social Insurance Number

Emergency Contact – Name	Emergency Contact – Phone Number

EDUCATION

Name of School	Highest grade completed/Diploma	Year

FUNDING

Name of Sponsoring Agency	Consent to Release Information
	I understand that by signing this form, information may be released to The Sponsoring Agency.

EDUCATION EQUITY

The following information is voluntary and will only be used for statistical purposes: Band Affiliation

☐ Métis   ☐ Non-Status
☐ Inuit   ☐ Disability
☐ Treaty/Registered(Status) Indian   ☐ Visible Minority

PERSONS WITH DISABILITIES
If you are a person with a permanent disability, please check the box below. This allows you to access reasonable accommodations to assist with your studies. ☐ I have a permanent disability
*Note – Please book an appointment with NWC – Education Resource Services (ERS) to discuss documentation of your disability; accommodations for your studies will be addressed at this appointment.

I hereby certify that all the information I submit to the College is true and complete. Further, I understand that this information is collected under the legal authority of the Regional College Act (1988) and the Local Authority Freedom of Information and Protection of Privacy Act. The information is used for administrative and statistical purposes by North West College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada, including the issuance of the Saskatchewan Graduate Tax Credit. If you have any questions about the collection or use of this information, please contact the Privacy Head at North West College.

Applicant's Signature	**Date**

FOR COLLEGE USE ONLY	**DATE**	**INITIALS**	**Status of Application:**
Application fee received	_____	_____	
Receipt #_____			