



**APPLICATION FOR ADMISSION**

	Program/Course Name	Location	Start date	
<b>PERSONAL</b>	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 <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Report <input type="checkbox"/>	Social Insurance Number	How did you hear about NWC? Digital <input type="checkbox"/> Newsprint <input type="checkbox"/> Radio <input type="checkbox"/> Other <input type="checkbox"/>
	Emergency Contact – Name		Emergency Contact – Phone Number	
<b>EDUCATION</b>	Name of School	Highest grade completed/Diploma	Year	
<b>FUNDING</b>	Name of Sponsoring Agency	Consent to Release Information  I understand that by signing this form, information may be released to The Sponsoring Agency.		
<b>EDUCATION EQUITY</b>	The following information is voluntary and will only be used for statistical purposes:  <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Treaty/Registered (Status) Indian	<input type="checkbox"/> Non-Status <input type="checkbox"/> Disability <input type="checkbox"/> Visible Minority	Band Affiliation	
<b>PERSONS WITH DISABILITIES</b> 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. <input type="checkbox"/> I have a permanent disability				
<b>Note:</b> Book an appointment with Learning and Wellness Services to discuss disability documentation and available accommodations.				
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 Retention Program. If you have any questions about the collection or use of this information, please contact the Privacy Head at North West College.				
<b>Applicant's Signature</b>		<b>Date</b>		
<b>FOR COLLEGE USE ONLY</b> Application fee received _____ Receipt # _____		<b>DATE</b>	<b>INITIALS</b>	
		<b>Status of Application:</b>		