



APPLICATION FOR ADMISSION			
	Program/Course Name	Location	Start date
PERSONAL	Last Name		First and Middle Names
	Home Mailing Address		City/Province
	Email Address		Postal Code
	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
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
	<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	
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. <input type="checkbox"/> 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			Status of Application:
Application fee received _____ Receipt # _____			
DATE _____			
INITIALS _____			