



**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
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<b>PERSONAL</b>	Last Name	First and Middle Names	Other Names Used
	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"/>	
Saskatchewan Health Number	Social Insurance Number		
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.	

<b>EDUCATION EQUITY</b>	The following information is voluntary and will only be used for statistical purposes:	Band Affiliation
	[ ] Metis [ ] Inuit [ ] Treaty/Registered(Status) Indian [ ] Visible Minority [ ] Non-Status [ ] Disabled	

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 Freedom of Information and Protection of Privacy Act. The information is used for administrative and statistical purposes by North West Regional 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 College Registrar.

Applicant's Signature	Date
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<b>FOR COLLEGE USE ONLY</b> Application fee received _____  Receipt # _____	<b>DATE</b> _____  <b>INITIALS</b> _____	<b>Status of Application:</b>  _____
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