



APPLICATION FOR ADMISSION			
	Program/Course Name	Location	Start date
PERSONAL	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"/>	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
	[] Metis [] Treaty/Registered(Status) Indian [] Non-Status	[] Inuit [] Visible Minority [] Disability	
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	DATE _____	INITIALS _____	
Receipt # _____			