



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