

# APPLICATION FOR ADMISSION

## Program Information: (see College Calendar for program listing – www.keyano.ca)

Program(s) you are applying for:		ACADEMIC YEAR
<b>1</b>		
<b>2</b>		APPLYING TO BEGIN (CHECK ONE)
FOR UNIVERSITY TRANSFER STUDENTS ONLY: TO WHICH UNIVERSITY MIGHT YOU TRANSFER?		<input type="checkbox"/> Fall <input type="checkbox"/> Spring
<input type="checkbox"/> U of A <input type="checkbox"/> U of C <input type="checkbox"/> U of L <input type="checkbox"/> AU <input type="checkbox"/> Other		<input type="checkbox"/> Winter <input type="checkbox"/> Summer
PROGRAM LOCATION (IF OUTSIDE OF FORT MCMURRAY)		INTENDED ATTENDANCE
<input type="checkbox"/> Conklin <input type="checkbox"/> Fort Chipewyan <input type="checkbox"/> Fort McKay <input type="checkbox"/> Gregoire Lake <input type="checkbox"/> Janvier		<input type="checkbox"/> Full-time
		<input type="checkbox"/> Part-time

STUDENT I.D. #

**OFFICE OF  
THE  
REGISTRAR**

Keyano College  
8115 Franklin Ave.  
Fort McMurray, AB  
Canada  
T9H 2H7

**1-800-251-1408**  
Tel. (780) 791-4801  
Fax (780) 791-4952

**Website:**  
[www.keyano.ca](http://www.keyano.ca)

**E-mail:**  
registrar@keyano.ca

## Personal Information: (complete all sections)

PREVIOUSLY APPLIED TO KEYANO COLLEGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHICH YEAR?	KEYANO COLLEGE STUDENT I.D. #	ALBERTA EDUCATION ID #
LAST NAME		FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
FORMER/MAIDEN NAME (IF ANY)		PREFERRED NAME	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
BIRTHDATE (YYYY/MM/DD)			
MARITAL STATUS <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married/Cohabitant <input type="checkbox"/> Other (Widow/Divorce)	FIRST LANGUAGE SPOKEN <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify)	CITIZENSHIP STATUS <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other (specify)	COUNTRY OF CITIZENSHIP IF YOU ARE NOT A CANADIAN CITIZEN
		DATE OF ENTRY INTO CANADA	
		MONTH	YEAR

## Contact Information: (Please notify Office of the Registrar as soon as possible of any changes)

STREET or PO BOX ADDRESS		E-MAIL ADDRESS	
CITY	PROVINCE	COUNTRY	POSTAL CODE
DAYTIME PHONE ( AREA CODE) (    )	EVENING PHONE ( AREA CODE) (    )	CELL ( AREA CODE) (    )	OTHER ( AREA CODE)
EMERGENCY CONTACT'S NAME		EMERGENCY CONTACT'S ADDRESS	
RELATIONSHIP	DAYTIME PHONE ( AREA CODE) (    )	EVENING PHONE ( AREA CODE) (    )	

## Other Information:

IF YOU WISH TO DECLARE THAT YOU ARE AN ABORIGINAL PERSON, PLEASE SPECIFY:

Status Indian/First Nations     Non-Status Indian/First Nations     Métis     Inuit

ALBERTA ADVANCED EDUCATION AND TECHNOLOGY IS COLLECTING THIS PERSONAL INFORMATION PURSUANT TO SECTION 33(C) OF THE FOIP ACT AS THE INFORMATION RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS AND SERVICES TO IMPROVE ABORIGINAL LEARNER SUCCESS.

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-7145 Keyano College, Office of the Registrar.

ARE YOU A PERSON WITH A DISABILITY? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE IDENTIFY HERE. THE LAP COORDINATOR WILL CONTACT YOU.		
ARE YOU INTERESTED IN KEYANO'S ATHLETIC PROGRAMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHICH SPORT?		
MAJOR ACTIVITY DURING PREVIOUS 12 MONTHS (CHECK ONE) <input type="checkbox"/> Student <input type="checkbox"/> Labour Force (employed or unemployed) <input type="checkbox"/> Other		LOCATION OF PREVIOUS ACTIVITY <input type="checkbox"/> Alberta <input type="checkbox"/> Other Province <input type="checkbox"/> Outside Canada	



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**Signature  
REQUIRED**

**Please  
PRINT  
clearly and  
complete  
entire form**

## Education Information:

### High School:

ARE YOU IN HIGH SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	LAST GRADE COMPLETED/ING (CIRCLE ONE) 3 4 5 6 7 8 9 10 11 12	LAST YEAR ATTENDED	HS DIPLOMA RECEIVED/EXPECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
LAST HIGH SCHOOL ATTENDED OR CURRENTLY ATTENDING		CITY	PROVINCE/COUNTRY

### Post-Secondary:

① LAST POST-SECONDARY INSTITUTION ATTENDED(ING)		PROVINCE/COUNTRY	LAST YEAR ATTENDED
LEVEL ACHIEVED (CERTIFICATE, DIPLOMA, DEGREE)	PROGRAM/FACULTY	LENGTH OF TIME ATTENDED (YRS.)	
② OTHER POST-SECONDARY INSTITUTION ATTENDED		PROVINCE/COUNTRY	LAST YEAR ATTENDED
LEVEL ACHIEVED (CERTIFICATE, DIPLOMA, DEGREE)	PROGRAM/FACULTY	LENGTH OF TIME ATTENDED (YRS.)	

## Check List: Arrange to send the following documents

- Official High School Transcripts
- Proof of courses in progress (if applicable)
- Post-Secondary Transcripts (if applicable)
- GED Transcript (if applicable)
- Proof of Permanent Residency (if applicable)

**TRANSCRIPTS:** All applicants are required to provide official transcripts when applying to a program. High School transcripts must be issued directly by Alberta Education or by the appropriate provincial education board. Application forms for Alberta Education are available from the Office of the Registrar, as well as contact addresses for other provinces. Post-secondary education transcripts (if applicable) must be ordered from the Registrar's Office of the issuing institution and sent directly to the **Office of the Registrar** at Keyano College. All documents submitted for admission purposes become the property of Keyano College, and will not be released to, nor photocopied for, the applicant or anyone outside the College.

### Fees – Non-refundable Application Fee

(Attach Application Fee Receipt form)

- Application Fee \$50
- International Applicants - \$100

## Freedom of Information & Protection of Privacy (FOIP) Statement

The personal information you provide on this admission form is being collected under the authority of the Post-Secondary Learning Act and in accordance with the Freedom of Information and Protection of Privacy Act of the Province of Alberta. Data collected is used to determine your eligibility for admission to a program, and, if accepted and registered, is used to process your enrollment, monitor academic progress, provide tax receipts, distribute follow-up College-related information, College research, awards, graduation and fund-raising/alumni contact. Personal data compiled on this form may also be used by the College or disclosed to third parties for other operational purposes that are consistent with the mission of Keyano College or as required by the Statistics Act of Canada or by the Alberta government.

Public inquiries directly related to the collection, use and disclosure of the personal information provided should be directed to Keyano College, 8115 Franklin Avenue, Fort McMurray, Alberta, T9H 2H7, (780) 791-4853 or foip@keyano.ca.

## Declaration of Applicant

I hereby acknowledge the FOIP statement above, and verify that all information contained on this form is correct to the best of my knowledge and that no relevant information has been withheld. I agree, if admitted to Keyano College, to comply with all rules and regulations of the College, and use of information with the FOIP legislation. If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institutions. I also authorize Keyano College to exchange my records with collaborating institutions.

The College reserves the right to refuse admission or cancel any admission ruling.

APPLICANT'S SIGNATURE	DATE
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### OFFICE USE ONLY

ENTERED BY

DATE