

COMPLETE IN INK – PLEASE PRINT CLEARLY

Complete both sides of this application sign and date prior to submitting.

NOTE: ORIGINAL High School transcripts must be retained in student's file if prior education is a pre-requisite for admission. Post-Secondary transcripts may also be required. High School transcripts can be ordered through the Ministry of Education.

High School Education (List the name of the most recent high school attended and the academic grade level achieved)

Name of School	City	Province (Country if outside of Canada)	Academic Level Achieved
_____	_____	_____	_____

Did you enclose original transcripts with this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ordered transcripts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Post-Secondary Education (List the name(s) of all Post-Secondary Institution(s) attended and any credentials received)

Name of School	City	Province (Country if outside of Canada)	Academic Level Achieved
_____	_____	_____	_____

Did you enclose original transcripts with this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ordered transcripts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If No, proof of English proficiency is required.)
Are you a Permanent Resident of Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Canadian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Completion of this section is Voluntary and Confidential

Aboriginal Ancestry

Metis Non-Status Status/Treaty Indian Inuit

I have a permanent disability

Note: A confidential meeting with a College staff member to verify documentation of your disability and to discuss necessary accommodations is required before your application is considered fully processed.

Visibility Minority

I am a member of visibility minority

Indicate main activity for the last 12 months:

<input type="checkbox"/> Working	<input type="checkbox"/> Full-time School	<input type="checkbox"/> Unemployed/looking	<input type="checkbox"/> Other
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How did you find out about this program?

<input type="checkbox"/> Career Days	<input type="checkbox"/> College Staff	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Radio	<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Newspaper
<input type="checkbox"/> High School Presentation	<input type="checkbox"/> Webpage	<input type="checkbox"/> Facebook
<input type="checkbox"/> Program Information Sheets	<input type="checkbox"/> Trade Show	<input type="checkbox"/> Other

A new anti-spam law came into effect July 1, 2014 in Canada, we now need your consent to contact you:

I hereby consent to Southeast College sending me program related information, notifications, invitations and etc. via e-mail, text or other electronic means. I understand that I can change my preferences and unsubscribe from receiving such materials at any time.

The information on this form is collected under the legal authority of the Regional Colleges Act 1988 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Southeast College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information please contact the Registrar, Southeast College.

I hereby certify that all the information on this form is true and complete. I understand that false information may result in the cancellation of my status as a registered student. If admitted I agree to abide by the rules and regulations of the institute, including the payment of fees.

Southeast College permission to release information about my performance in this program to the following agency that provides me with funding _____

_____ Date

_____ Signature

EDUCATION

LANGUAGE

EDUCATION EQUITY

ADDITIONAL INFORMATION

DECLARATION