



APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Program Name		Location Name		Have you attended Northlands College before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Last Name		First Name	Middle Name(s)	Maiden or Former Last Name	
Mailing Address		City	Province	Postal Code	
Email Address* (print clearly)			Home / Alternate Telephone () -		
			Cellular Telephone () -		
*Providing email gives consent to receiving information/follow-up surveys via email from Northlands College.					
Date of Birth (DD-MM-YYYY) DDMMYYYY		Social Insurance Number (optional)		Sask Health Number (optional)	Male <input type="checkbox"/> Female <input type="checkbox"/>

EDUCATION

Highest Education Completed (please check one)

<input type="checkbox"/> University (credits or degree)	<input type="checkbox"/> Credits towards diploma/certificate	<input type="checkbox"/> Grade 10 / Adult 10
<input type="checkbox"/> 2 or 3 year diploma	<input type="checkbox"/> Grade 12 / Adult 12	<input type="checkbox"/> Less than grade 10
<input type="checkbox"/> 1 year certificate	<input type="checkbox"/> GED 12	<input type="checkbox"/> Other: _____

SELF DECLARATION

The following information is voluntary and will be used for statistical purposes: (check all that apply)

Metis Inuit Treaty/Status Indian Non-Status Visible Minority Disabled

Band Affiliation (if applicable): _____

SIGNATURE

I hereby certify that all the information I submit to Northlands College is true and complete. I understand that false information may result in the cancellation of my status as a registered student. 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 Northlands College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada, including the issuance of the Saskatchewan Graduate Tax Credit.

I give permission to any affiliated institution to release a copy of my transcript to Northlands College. I hereby give the college permission to release information about my performance in this program to potential employers and agencies that are funding me or the program.

I consent for the college to disclose my personal information to the Government of Saskatchewan to administer and evaluate the Saskatchewan Advantage Scholarship and use this information to determine eligibility for Northlands College scholarships.

I agree to abide by the rules and regulations of the institute, including the payment of fees.

_____ Date _____
 Student Signature

REQUIRED DOCUMENTS

Your application will not be considered complete until Northlands College receives all required documents/transcripts. **Check program bulletin for required attachments.**

Documents attached: Transcripts Letter Resume Other: _____

Documents ordered (if applicable): Transcripts Criminal Record Check Vulnerable Sector Check

Date ordered (if applicable): DDMMYYYY

To order original Saskatchewan high school transcripts, please visit <https://www.k12.gov.sk.ca/etranscript/>.
 All other transcripts must be ordered from accrediting institution.

OFFICE USE

Notes/Comments: _____

For Office Use Only