



APPLICATION FOR ADMISSION or Re-Admission

For Office Use only
<small>GPRC Student Id</small>
<small>Major</small>

Toll Free 1.888.539.4772
www.gprc.ab.ca
email studentinfo@gprc.ab.ca

Grande Prairie Regional College
Grande Prairie Campus
10726 106 Ave, Grande Prairie, AB T8V 4C4
Fax 780.539.2888

Fairview Campus
PO Bag 3000, Fairview, AB T0H 1L0
Fax 780.835.6788

A \$70 non-refundable application fee must accompany all domestic applications, \$140 for International applications.

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Have you previously applied for admission to Grande Prairie Regional College? <input type="checkbox"/> No Year ID Number <input type="checkbox"/> Yes	Have you ever been suspended, expelled or required to withdraw from a faculty, program, or post-secondary institution? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Alberta Learning Student ID Number <small>https://learnerregistry.ae.alberta.ca/</small>
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Legal Surname/Last Name	First Name	Middle Name(s)	Preferred Name	Former Names (if any)
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Birth Date Month Day Year	Prefix <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa
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Country of Birth	If not a Canadian Citizen, indicate your Country of Citizenship Date of Entry into Canada Month Day Year
First Language Spoken	Have you ever moved from another country to study in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, that country was _____

Permanent Mailing Address

Street/P.O. Box	City
Province	Country
Postal Code	
Cell phone () ()	Home phone () ()
Work phone () ()	E-mail

Other

Students with disabilities
 I would like information about services for students with disabilities or serious health conditions.

Aboriginal Applicants
If you wish to declare 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 or the Office of the Registrar at GPRC, (780) 539-2911.

Housing/Daycare
 I would like an application for Campus Residence (Residence space is usually filled by mid-January of the preceding year.)
 I would like information on Off-Campus Accommodation (Information available July1 – Sept 30, Dec 1 – Jan 30)
 I would like information on Campus Daycare (Grande Prairie Campus only)

PREVIOUS ACTIVITIES

What were you doing last year? <input type="checkbox"/> Student <input type="checkbox"/> Employed or seeking employment <input type="checkbox"/> Other Activity	Location <input type="checkbox"/> Alberta <input type="checkbox"/> Other Province <input type="checkbox"/> Outside Canada
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PREVIOUS EDUCATION (Returning Applicants: Only list any new educational information since your last application)**Last high school attended or currently attending**

High school name	City	Province
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Are you currently attending high school? <input type="checkbox"/> Yes, I am in grade _____ <input type="checkbox"/> No, I did complete grade _____	Last month and year of high school attendance	Will you or do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Grade 12 courses completed or enrolled in (Provide mark if available OR check (✓) if currently enrolled and no mark is available.)

Subject	Mark	Subject	Mark	Subject	Mark	Subject	Mark
English 30-1		Biology 30		Social Studies 30-1		Physical Education 30	
English 30-2		Chemistry 30		French 30		Other (please specify)	
Math 30-1		Physics 30		Art 30			
Math 30-2		Math 31		Drama 30			
Math 30-3		Science 30		Music 30			

Post Secondary Education			Start Date	Finish Date	Certificate/Degree obtained or number of years completed
Name of Institution	City	Province			

APPLY ALBERTA TRANSCRIPT AUTHORIZATION

I hereby authorize Grande Prairie Regional College to obtain high school transcripts from Alberta Education or transcripts from participating *Apply Alberta* institutions on my behalf, where required, and available, and further, I authorize the College to obtain or verify my Alberta Student Number, where necessary.

Applicant's Signature

X**PROGRAM PARTICULARS**

Session Applying for Fall (September 20__) Winter (January 20__) Other _____

Campus Location Grande Prairie Fairview Distance Other, please specify _____

Requested program of study

1 st Program Choice	Year of Program	2 nd Program Choice	Year of Program

Type of Student <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	For University Transfer Students To which University might you transfer? _____
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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information collected on this form and any other personal information collected and maintained as part of a student's record will be used for the purposes of admission, registration, issuing income tax receipts, scholarships and awards, convocating, sending educational information and for college research and planning. Certain personal information will also be disclosed to Statistics Canada as required by the Statistics Act (Canada), Alberta Learning to meet reporting requirements, and by agreement, to the Students' Association and Alumni. This information is collected pursuant to the Colleges Act and Statistics Act (Canada). The information provided will be protected under the Freedom of Information and Protection of Privacy Act of Alberta.

DECLARATION OF APPLICANT

I certify that the particulars furnished on this application are true and complete in all respects and that no relevant information has been withheld.

I agree, if admitted to Grande Prairie Regional College, to comply with the regulations of the College.

If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institutions. I also authorize Grande Prairie Regional College to exchange my records with collaborating institutions.

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

Applicant's Signature

X

Date of Application _____

FOR OFFICE USE ONLY

Receipt Date	Initials	Receipt #
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