

APPLICATION FOR ADMISSION

HOW TO APPLY

If you apply using a paper application form, the information will be entered into Apply Alberta. If you use this form, enclose a non-refundable application fee of \$110 (Canadian dollars). You may pay by cheque or money order made payable to MacEwan University. If you subsequently submit another Application for Admission for the same term, your first application will be withdrawn.

WHEN TO APPLY

FALL TERM (SEPTEMBER TO DECEMBER):

Application period opens October 1st of the previous year

WINTER TERM (JANUARY TO APRIL):

Application period opens February 1st of the previous year

SPRING/SUMMER TERM (MAY TO JUNE/JULY TO AUGUST):

Application period opens May 1st of the previous year

Students, who have attended a private post-secondary institution in Alberta, or schools outside Alberta, are responsible for submitting transcripts from each institution attended.

If your official educational transcripts are not printed in English, you must also provide us with Certified English Language Translations. Translations must be literal, word-for-word, and in the same format as the original document.

It is to your advantage to apply and submit all transcripts and complete program requirements as early as possible since most programs can accommodate only a limited number of students. Some programs have multiple start dates. For complete information please visit admissions dates and deadlines at

MacEwan.ca/Admissions

APPLICANTS WITH DISABILITIES

You are encouraged to identify yourself to services to students with disabilities well in advance of commencing your studies to ensure that there is adequate time to determine and plan for appropriate accommodations. Please call 780-497-5063 to make an appointment to see a counsellor or learning disabilities specialist.

APPLICANT ACKNOWLEDGEMENT

Please read the FOIP Personal Information Collection Notice and sign the Applicant Acknowledgement and Consent, as well as the Declaration statement which appear on page 4 of this application.

PERSONAL INFORMATION COLLECTION NOTICE

The personal information requested on this form is collected under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of one or all of the following: To determine eligibility for admission and financial assistance, to advise students about academic programs and to provide university services at MacEwan University. Questions concerning this collection should be directed to the Lead, Privacy and Information Management at privacy@macewan.ca

PLEASE PRINT CLEARLY

Have you previously applied to a program or taken a course at MacEwan University?

- YES NO

MacEwan Student ID# _____

Non-refundable application fee of \$110 (Canadian dollars). If you later submit another application for admission for the same term, you will be considered only for the program(s) indicated on the most recent application form; your first application will be withdrawn.

ENROLMENT INTENTIONS

Applicants may identify two program choices. Your programs will be considered in the priority you entered below. Your second choice will be evaluated if you are deemed ineligible or waitlisted for your first program choice.

PROGRAM CHOICES:

1) _____

2) _____

Location (Note: Not all programs are offered at more than one location - See university calendar for full information. www.macewan.ca)

APPLYING TO ATTEND:
(CHECK ONLY ONE)

- FULL TIME
 PART TIME/ OR EVENING
 DISTANCE DELIVERY

APPLYING TO BEGIN:
(CHECK ONLY ONE)

- FALL (SEPT)
 WINTER (JAN)
 SPRING/SUMMER

PERSONAL INFORMATION

PLEASE FILL IN ALL INFORMATION IN FULL (PLEASE PRINT)

FAMILY (LAST) NAME:		FIRST NAME:	MIDDLE NAME:
PREVIOUS / ALL OTHER NAMES (IF APPLICABLE):		E-MAIL ADDRESS:	
MAILING ADDRESS - STREET:			CITY/TOWN:
PROVINCE:	POSTAL CODE:	COUNTRY:	
HOME PHONE:	CELL PHONE:	WORK PHONE & EXT.	
BIRTH DATE: MM _____ DD _____ YY _____		PRIMARY LANGUAGE: _____	
INDIGENOUS APPLICANTS: If you wish to declare your Indigenous ancestry for the purpose of developing support services, programs, and statistical purposes, please indicate:		Defined as the language in which the applicant is most proficient. The Primary Language must also be the applicant's language of instruction in the last three years of study and the applicant's language for daily written and oral communication	
<input type="radio"/> FIRST NATIONS - STATUS <input type="radio"/> FIRST NATIONS - NON-STATUS <input type="radio"/> MÉTIS <input type="radio"/> INUIT		GENDER IDENTITY <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> GENDER MINORITY	
MARITAL STATUS <input type="radio"/> SINGLE/ NEVER MARRIED (S) <input type="radio"/> MARRIED/ COHABITANT (M) <input type="radio"/> OTHER		Alberta Student Number (Asn): (If You Attended School In Alberta You Must Provide Your Asn)	
EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____ CITY: _____ PROVINCE: _____ PHONE: () _____			
MAJOR ACTIVITY DURING PREVIOUS 12 MONTHS: <input type="radio"/> STUDENT <input type="radio"/> LABOUR FORCE (EMPLOYED OR UNEMPLOYED AND SEEKING WORK) <input type="radio"/> OTHER		LOCATION OF PREVIOUS ACTIVITY <input type="radio"/> ALBERTA <input type="radio"/> OTHER PROVINCE <input type="radio"/> OUTSIDE CANADA	
COUNTRY OF CITIZENSHIP:		COUNTRY OF RESIDENCE: (WHERE ARE YOU LIVING NOW)	
IMMIGRATION STATUS: <input type="radio"/> CANADIAN CITIZEN <input type="radio"/> PERMANENT RESIDENT <input type="radio"/> STUDY PERMIT <input type="radio"/> OTHER VISA <input type="radio"/> WORK VISA		DATE OF ENTRY INTO CANADA: MM _____ DD _____ YY _____	

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PLEASE PRINT CLEARLY

EDUCATION RECORD

List all secondary schools that you have attended or are currently attending from grade 9 to grade 12. Attach a separate sheet if necessary

LAST HIGH SCHOOL ATTENDED OR CURRENTLY: _____		CITY / TOWN:	PROVINCE / COUNTRY:
START DATE:	END DATE:	GRADE LEVEL ACHIEVED OR WILL ACHIEVE:	DIPLOMA RECEIVED OR EXPECTED:
MM _____ DD _____ YY _____	MM _____ DD _____ YY _____		<input type="radio"/> YES <input type="radio"/> NO
		LANGUAGE OF INSTRUCTION	Have you written or will you write any International Baccalaureate (IB) or Advanced Placement (AP) examinations? If so indicate program <input type="radio"/> IB <input type="radio"/> AP

GRADE 12 COURSES COMPLETED OR ENROLLED IN: PROVIDE FINAL OR MIDTERM GRADES, IF AVAILABLE, OR CHECK MARK (✓) IF CURRENTLY ENROLLED AND NO GRADE IS AVAILABLE.

SUBJECT	FINAL MARK	MIDTERM	FULL YEAR	SUBJECT	FINAL MARK	MIDTERM	FULL YEAR	SUBJECT	FINAL MARK	MIDTERM	FULL YEAR
ELA 30-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATH 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRENCH 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELA 30-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCIENCE 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYS ED 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL 30-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BIOLOGY 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 30-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHEMISTRY 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 30-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICS 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POST-SECONDARY INSTITUTION LAST ATTENDED OR CURRENTLY ATTENDING:	CITY / TOWN:	PROVINCE / COUNTRY:
START DATE:	END DATE:	LEVEL ACHIEVED: (CERT. DIP, DEGREE)
MM _____ DD _____ YY _____	MM _____ DD _____ YY _____	PROGRAM:
		LANGUAGE OF INSTRUCTION
		LENGTH OF TIME ATTENDED (YRS.)

OTHER POST-SECONDARY INSTITUTION ATTENDED:	CITY / TOWN:	PROVINCE / COUNTRY:
START DATE:	END DATE:	LEVEL ACHIEVED: (CERT. DIP, DEGREE)
MM _____ DD _____ YY _____	MM _____ DD _____ YY _____	PROGRAM:
		LANGUAGE OF INSTRUCTION
		LENGTH OF TIME ATTENDED (YRS.)

HAVE YOU EVER BEEN REQUIRED TO WITHDRAW FROM A PROGRAM OF STUDY AT A POST SECONDARY INSTITUTION FOR ACADEMIC OR DISCIPLINARY REASONS? YES NO

NAME OF INSTITUTION: _____ DATE: _____

NAME OF INSTITUTION: _____ DATE: _____

Note: If you have attended more than two post-secondary institutions, please list all required information on a separate page. Be certain to include all institutions regardless of the length of attendance, whether or not courses were complete, or whether or not you believe the record will have any bearing on your admissions or transfer credit
 After you have been accepted into a program, any previous post-secondary course work will be automatically assessed for possible transfer credit once final official post-secondary transcripts have been received.

WHAT INFLUENCED YOU TO APPLY: (INDICATE ONE ONLY)

HIGH SCHOOL COUNSELLOR MACEWAN COUNSELLOR MACEWAN STUDENT
 FAMILY OR FRIEND MACEWAN PUBLICATION OPENHOUSE
 HIGH SCHOOL VISIT MACEWAN WEBSITE INTERNET

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APPLICANT ACKNOWLEDGEMENT AND CONSENT

I acknowledge I have read and understand the Personal Information Collection Notice; and that:

- Am giving my consent to Apply Alberta participating institutions that I have indicated I have attended and to Alberta Education, to send to MacEwan University copies of my transcripts from those other post-secondary institutions and from Alberta Education;
- I authorize MacEwan University to send a copy or record of this consent, to any of the Apply Alberta participating institutions from whom MacEwan University will be collecting my transcripts.
- If required, I authorize MacEwan University to collect my Alberta Student Number (ASN) from Alberta Education.

SIGNATURE: _____

DATE: _____

Personal information collected by MacEwan University is private and confidential. Except for legislated exceptions, it cannot be shared with anyone outside the university without your written consent. If you wish to authorize, please complete the following consent.

I, (APPLICANT/ STUDENT NAME) _____, REQUEST AND GIVE MY CONSENT TO:

NAME OF AUTHORIZED PERSON/ AGENCY:	
ADDRESS:	
TELEPHONE:	
FAX:	
E-MAIL:	

SIGNATURE: _____

DATE: _____

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DECLARATION STATEMENT

In submitting this application, I declare that the information in this application is correct and complete. I acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrolment at other post-secondary institutions on the application. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to MacEwan University and if it occurs or is discovered after admission, may be required to withdraw from MacEwan University. Further, in submitting this application, I agree to be governed by the policies, rules and regulations as set forth by MacEwan University.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

	MM	DD	YR	INITIALS		MM	DD	YR	INITIALS
APP. FEE ASSESSED?					APP. FEE PAID?				

METHOD OF PAYMENT

~~CASH~~ DEBIT CARD (IN PERSON ONLY) CHEQUE MONEY ORDER

CITY CENTRE CAMPUS

ALBERTA COLLEGE CAMPUS

10700-104 AVENUE
TSJ 4S2
780-497-5040

10050 MACDONALD DRIVE
TSJ 2E7
780-497-5040