



# APPLICATION FOR ADMISSION (2026 / 2027) \*Please note this is not a Sponsorship Form

**Program Name:**

Are you a returning student?  Yes  No

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YTC Student ID number (if known)

Applying to begin (check only one): <input checked="" type="checkbox"/> Fall (Sept) <input checked="" type="checkbox"/> Winter (Jan) <input checked="" type="checkbox"/> Spring/Summer Student Status: <input checked="" type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time

**PERSONAL INFORMATION**

<b>Surname/Last Name</b> (Legal)	<b>First Name/ Given Name</b> (Legal)	<b>Middle Name</b> (Legal)
<b>Maiden Name</b> (if applicable)	<b>Gender</b> <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Other/Undisclosed	<b>Birthdate</b> Month / Day / Year
<b>Home Address</b> Street Address apt # or box #		
City	Province	Postal Code
<b>Mailing Address</b> Street Address apt # or box #		
City	Province	Postal Code
Cell Phone Number	Home Phone Number	Emergency Phone Number
<b>Email</b> (If accepted into YTC program, a YTC email will be generated in accordance with YTC policy)		

**ACADEMIC INFORMATION**

Alberta Student Number																								
Last High School Attended																								
Name of School										City					Province					Last Year Attended		Attending Credits Earned <input type="checkbox"/> Graduate		
<b>Previous Post-Secondary Institutions-</b> most recent first																								
Institution					Program of Study					Location City/Province					Last Year Attended		Attending/Credits Earned/ Graduate							

Yellowhead Tribal College



**ABORIGINAL ANCESTRY DECLARATION- *Optional Self Declaration***

<input checked="" type="checkbox"/> <b>Yes</b> , I declare that I am of Aboriginal Ancestry as defined by the Canadian Constitution Act of 1982 I am <input checked="" type="checkbox"/> First Nations <b>and/or</b> <input checked="" type="checkbox"/> Status <input checked="" type="checkbox"/> Bill C-31 <input checked="" type="checkbox"/> Bill C-3 <input checked="" type="checkbox"/> Non-Status Band Name _____ I am <input checked="" type="checkbox"/> Metis <input checked="" type="checkbox"/> Inuit <input checked="" type="checkbox"/> <b>No/Not Applicable</b>

**DECLARATION**

I certify that this information in this application is true and complete in all respects and I have withheld no information. I also understand that any misrepresentation on my part may result in cancellation of my admission or registered status. Falsification of documents or withholding of requested information regarding this application are serious offences. I agree that YTC retains the right to nullify my application if the information is false or incomplete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• I have included my **non-refundable** \$75.00 application fee. Applications will not be processed without payment (cash).

Please ensure YTC receives:

- Official High School Transcripts from Alberta Education
- Official Post-Secondary transcripts (if applicable) - must be sent by Institution to YTC directly •

Program Application package

## COLLECTION OF PERSONAL INFORMATION

The personal information requested on this form is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility for College admission and/or the administration of academic programs and student services. Certain personal information may be made available to federal, provincial and First Nation government departments and agencies under appropriate legislative authority. For information about the collection and use of this information contact the Registrar at 780-484-0303.

Completed applications can be sent

By Email: [admissions@ytced.ca](mailto:admissions@ytced.ca)

Dropped off or mailed: Yellowhead Tribal College  
10045 - 156 Street,  
Edmonton, AB,

Visit us online: [ytced.ca](http://ytced.ca)

Call us: (780) 484-0303 or Toll Free 1-877-982-3382

**Ishnish, Hiy-Hiy, Meegwich**

[How did you hear about us?](#) \_\_\_\_\_