



For Office Use Only

APPLICATION FOR ADMISSION (2019 / 2020)

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Program Name:													
Are you a returning student?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> YTC Student ID number (if known)												
Applying to begin (check only one):	<input type="checkbox"/> Fall (Sept) <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Spring/Summer <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time												
Student Status:													

PERSONAL INFORMATION

Surname/Last Name (Legal)		First Name/ Given Name (Legal)		Middle Name (Legal)	
Maiden Name (if applicable)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Undisclosed		Birthdate Month / Day / Year	
Home Address					
Street Address		apt # or box #			
City		Province		Postal Code	
Mailing Address					
Street Address		apt # or box #			
City		Province		Postal Code	
Cell Phone Number		Home Phone Number		Emergency Phone Number	
Email (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
<input type="checkbox"/> Attending <input type="checkbox"/> Credits Earned <input type="checkbox"/> Graduate									
Previous Post-Secondary Institutions- most recent first									
Institution			Program of Study			Location City/Province		Last Year Attended	Attending/Credits Earned/ Graduate



ABORIGINAL ANCESTRY DECLARATION– *Optional Self Declaration*

Yes, I declare that I am of Aboriginal Ancestry as defined by the Canadian Constitution Act of 1982
I am First Nations **and/or** Status Bill C-31 Bill C-3 Non-Status
Band Name _____
I am Metis Inuit
 No/Not Applicable

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**
- Dropped off or mailed: Yellowhead Tribal College
10045 - 156 Street,
Edmonton, AB,
- Visit us online: ytced.ca
- Call us: (780) 484-0303 or Toll Free 1-877-982-3382

Ishnish, Hiy-Hiy, Meegwich

Lastly, *how did you hear about us?* _____



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2019 / 2020 RELEASE OF INFORMATION WAIVER

Legal Name	First	Middle
Maiden Name (if applicable)		Birthdate Month / Day / Year
Home Address		
Street Address	apt # or box #	
City	Province	Postal Code
Mailing Address		
Street Address	apt # or box #	
City	Province	Postal Code
Cell phone number	Home phone number	Emergency phone number
Email (If accepted into YTC program, a YTC email will be generated in accordance with YTC policy)		

I, _____, authorize Yellowhead Tribal College to release:

- Unofficial Transcripts
- Official transcripts
- Course registration changes/performance
- Program registration changes/performance
- References
- Other, please specify: _____

To the following persons/organizations:

Effective from: _____ to: _____ (one year maximum)

Signature: _____

Date: _____

Completed forms can be sent to:

- By Email: admissions@ytced.ca
- Dropped off or mailed: Yellowhead Tribal College
10045 156 Street
Edmonton, AB, T5P 2P7
- Visit us online: ytced.ca