



INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Please print clearly.

PROGRAM NAME _____

LOCATION OF PROGRAM _____

ACADEMIC YEAR / START DATE _____

Full-Time

Part-Time

OFFICE USE ONLY

Date application received: _____
(dd / mm / yyyy)

Receipt #: _____

Date \$125 application fee received: _____
(dd / mm / yyyy)

PSE #: _____

Date transcript received: _____
(dd / mm / yyyy)

OCSM #: _____

Start date: _____
(dd / mm / yyyy)

BASIC INFORMATION

First name

Middle name

Last name

Maiden or previous name

Date of birth (dd / mm / yyyy)

Gender M F

Email *By providing your email address, you are consenting to receive information electronically from Great Plains College.*

Permanent address (street/box number)

Town/city

Province

Postal code

Country Code

Home phone

Country Code

Business/alternate phone

Country

Country Code

Cell Phone

CITIZENSHIP

Country of Citizenship: _____

If you have taken language training, do you have your assessment card stating your current language level? Yes No
(you will be required to provide language proficiency testing results in order to be admitted)

Is your first language a language other than English? Yes No

What is your first language? _____

OTHER INFORMATION

The following information is voluntary, however, providing it will help determine if you are eligible for various funding options.

MARITAL STATUS

Married Single Common-law Divorced Widowed Separated

Number of dependents

EDUCATION EQUITY/ANCESTRY

Aboriginal Metis Non-Status Indian Status Indian Inuit Visible Minority

Visible minority may include people other than Aboriginal or Caucasian peoples who are of African, Chinese, Filipino, Japanese, Korean, Pacific Islander, East Asian, Southeast Asian, West Asian, Arab or Latin American ancestry.

EDUCATION EQUITY/DISABILITY

I have a disability and may need assistance to participate in my program.

I may benefit from additional academic supports.

EMERGENCY CONTACT

Name

Relationship

- -

Country Code

Phone Number

PRIVACY

The information on this form is collected under the legal authority of the Regional Colleges Act 1988 and the Local Authority Freedom of Information and Protection of Privacy Act. The information is used for administrative and statistical purposes by Great Plains College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. After completing a program, information you provide here may be shared with a third party consultant for the sole purpose of contacting you for a student followup survey we are required to conduct for the Ministry of Advanced Education. Great Plains College is committed to linking students to employment; therefore, we will use the information provided to forward relevant employment opportunities. In addition, if you are receiving funding for this program, information about your performance in the program may be released to the agencies responsible for providing the funding to you. Your signature on this form authorizes sharing of information for these purposes. If you have any questions about the collection or use of this information, please contact the Great Plains College Privacy Officer at (306) 778-5490.

CONSENT TO USE PERSONAL IMAGE AND INFORMATION

This form authorizes Great Plains College to use your personal image and limited personal information for marketing and promotional purposes related to the college. These may include, but are not limited to, brochures, newspaper and website advertising, television, radio and multimedia productions for Great Plains College. A personal image may include photographs and audio or video recordings. Personal information may include your testimonial, college program and location and year of graduation. This activity is conducted under the authority of the Regional Colleges Act 1988, which mandates the provision of adult education programs and services to the residents of Saskatchewan. Your personal image and information will be used in a manner consistent with the privacy provisions of the Local Authority Freedom of Information and Protection of Privacy Act. To request your image and information not be used as outlined above, please phone the Communications Unit at 1 (866) 296-2472 extension 5475.

REGISTRATION

Your application is not considered complete until Great Plains College receives your **required education transcripts, proof of English language proficiency** and a **non-refundable \$125 application fee**. Please include any other relevant documents required.

A Great Plains College representative will contact you within two weeks of receiving your application. If you have not been contacted in that time, or if you have any questions about your application, please contact Great Plains College (information listed below).

Please advise Great Plains College of any future changes of address or status, or if you wish to withdraw your application.

SIGNATURE

I hereby certify that all the information provided is true and complete. I understand that false information may result in the cancellation of my status as a registered student. I have read and understand the college's statements on Consent to Use Personal Image and Information and Privacy. I agree to abide by the rules and regulations of the institute, including the payment of fees.

Applicant's signature (please sign in ink)

Name (please print)

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Date (dd / mm / yyyy)

SEND TO GREAT PLAINS COLLEGE LOCATION:

Swift Current Campus **OR** Email: margarets@greatplainscollege.ca
129 2nd Ave NE
Swift Current, SK S9H 2C6
Ph: (306) 773-1531
Fax: (306) 773-2384

www.greatplainscollege.ca 1 (866) 296.2472