# APPLICATION FOR ENGLISH LANGUAGE LEARNING PROGRAMS



FOR OFFICE USE ONLY STUDENT ID							

# **PERSONAL INFORMATION (Please print clearly)**

. 1 **					
Legal First Name	Middle/Second Name				
Legal Last Name	Previous Legal Last Name (if applicable)				
Date of Birth: Gender:  Day Month Year	☐ Male ☐ Female ☐ Undisclosed/Other				
REQUIRED Alberta Student Number (ASN)  To request or look up you	ur ASN, visit https://learnerregistry.ae.alberta.ca/				
Have you previously attended or applied to a Bow Valley College Caree	er Program or Continuing Education course?				
☐ Yes ☐ No If yes, please provide your Bow Valley College Stud					
ADDITIONAL INFORMATION					
First Language:					
Activity during the previous 12 months: Student World	Other Province:Country:				
CITIZENSHIP INFORMATION					
Are you a Canadian Citizen?	try)?				
Please select your status within Canada					
Permanent Resident Work Visa					
☐ International / Refugee Claimant ☐ Other (specify)					
☐ Refugee Country you lived in before moving	g to Canada				
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FOSSID: Immigration Category:	Placement:				

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# **APPLICANT CONTACT INFORMATION**

Mailing Address (REQUIRED - include City, Province/State, Country, Postal	Code)					
Email Address (REQUIRED)						
Phone Number (REQUIRED)						
NGLISH LANGUAGE LEARNING PROGRAMS (Please mark yo	ur choice below)					
FULL-TIME PROGRAMS						
Full-time English Language Learning						
☐ Alberta Works Funding* ☐ LINC** ☐ Fee Payer*						
☐ Youth LINC Program**						
English for Academic Purposes						
☐ Alberta Works Funding* ☐ Youth LINC*** ☐ Fee Payer*						
LINC Work Readiness program**						
PART-TIME PROGRAMS						
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	on Refugees only)					
Please select the course syou want to take (you can pick 1 or 2):	☐ Reading/Writing	Listening/Speaking				
Please select the time of day you prefer to take classes:	☐ Morning (9:30 – 12:30)	Evening (6:00 – 9:00)				
Part-time English Language Learning – Online						
☐ LINC**						
Part-time English Language Learning – Homestudy (Permenent Residents	or Convention Refugees only)					
Part-time English Language Learning – Regional Campuses						
*Non-refundable application fee required (Canadian dollars)  **LINC programs are for Permanent Residents or Convention Refugees  ***The Youth LINC program is for Permanent Residents or Convention I		e. No application fee required				

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### **EDUCATION HISTORY**

How many year	s did you go t	o school befc	ore coming to	Canada?					
What date did y	ou take your	benchmark a	assessment?						
			·	Day	Month	Year			
What are you	current Can	adian Langu	age Benchma	<b>arks:</b> Listen	ing Sp	eaking	Reading	Writing	·
ast High S	chool / Se	condary	School at	tended					
School Name									
zenoor nume									
City				Prov	ince/State				Country
•									
Start Date:	Day	Month	Year	End I	Date:	Day	Month	Vaar	
	Day	MONTH	Teal			Day	MONTH	Year	
Last Grade/Ye	ear Complet	te:		Credential Received:					
ast Post-Se	econdary	School (C	College / l	Universi	ty) atten	ded			
City				Prov	ince/State				Country
Program/Course Taken:			Date C	redential I	sued:				
							Day	Month	Year
Highest leve	l of educati	ion you ha	ve achieved	d (REQUIR	RED):				
Certificate		Applied Degre	e	■ Maste	rs	☐ Jour	neyman		
Diploma		Bachelor Degr		Docto	ral		r (specify): _		

 $\textbf{Payment Options for Application Fee} \ (\textit{note:Application Fee} \ (\textit{note:Application Fee} \ (\textit{note:Application Fee}) \ (\textit{note:Applicati$ 

- Applicants can pay in person, at the Registrar's Office, using Visa, MasterCard, cash, debit, personal cheque, certified cheque, money order
- Payment in CAD (Canadian Dollars) only

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Applying for someone else? If you are submitting this form for an applicant, with their permission, please provide your contact information.

ContactFirstName	Contact LastName	Relationship	to the Applicant/Agent or Agency Name
Email Address (Personal)			
Address (Personal or Agency)	City	Province	Postal Code

### **Declaration of Applicant**

I certify that I have read and understood all the instructions and information accompanying this application form and that all statements made in connection with this application are true and complete in all respects and that I have not withheld any relevant information. I understand that misrepresentation, falsification of documents, or withholding of requested information are serious offences which may result in the cancellation of my admission and/or registration at the College. I understand and agree that information about any falsification or misrepresentation may be released and exchanged with other post-secondary institutions. I understand that all documentation submitted in support of this or any subsequent application for admission, financial award or any related appeal or petition becomes the property of the College and will not be returned to me. Further, I agree to be bound by the College's policies, rules and regulations as may be amended from time to time.

Date Signed:	Applicant's Signature:

#### **Consent Regarding my Personal Information**

The personal information collected on this form or in conjunction with this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta), Post-secondary Learning Act (Alberta), the Income Tax Act (Canada), the Canada Student Financial Assistance Act, the Canada Student Loans Act, and the Statistics Act (Canada). This personal information is required to administer my application and enrolment in courses and programs at Bow Valley College (the "College"). The information will become part of my student record as an applicant, student, and/or alumnus and will be disclosed to relevant College departments for the purposes of administration of College policies, programs, services, planning, research, tax receipts, student follow-up information, recruitment activities, alumni programming, determining eligibility for scholarships/awards and to Bow Valley College Students' Association and contracted service providers as required in relation to such uses.

I authorize the College to disclose or request information to and from the federal and provincial governments to meet reporting requirements and to determine eligibility for services and funding. I authorize the College to obtain my transcripts from Alberta Education, other Alberta post-secondary institutions, and ApplyAlberta institutions on my behalf and I authorize the College to send a copy of this consent, if required, to such institutions. For more information regarding the collection or use of your personal information, contact the Office of the Registrar at 345-6th Avenue SE, Calgary, Alberta, T2G 4V1. Phone 403-410-1400 or toll-free in Alberta 1-866-428-2669.

I hereby consent to the collection and disclosure of my personal information as described above.

Date Signed:	Applicant's Signature:	

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