

Maskwacis Cultural College

Academic Application for Admission

Box 960 Maskwacis, Alberta, Canada T0C 1N0
Ph: 780-585-3925 Toll free: 1-866-585-3925
Fax: 780-585-2080 www.mccedu.ca



Non-Refundable Registration Fee of \$100 for New Students

Please mark the academic programs by priority, "1" being most preferred, "2" for second option, etc.

UPGRADING Programs

<input type="checkbox"/>	Adult Education Program (AEP)
<input type="checkbox"/>	Adult Literacy Program (ALP)

Please Circle One: Full Time
Part Time

CERTIFICATE Programs

<input type="checkbox"/>	Cree Language Instructor Training Program (CLITP)
<input type="checkbox"/>	Early Childhood Development Program (ECD) Level 1
<input type="checkbox"/>	Early Childhood Development Program (ECD) Level 2
<input type="checkbox"/>	Early Childhood Development Program (ECD) Level 3
<input type="checkbox"/>	Leadership & Administration (L & A)
<input type="checkbox"/>	Teacher Assistant (TA)
<input type="checkbox"/>	University/College Entrance Program (UCEP)

UNIVERSITY Programs

<input type="checkbox"/>	General Arts Diploma
<input type="checkbox"/>	Education Diploma – ATEP
<input type="checkbox"/>	Education Diploma – ECD
<input type="checkbox"/>	Education Diploma – Transfer
<input type="checkbox"/>	Open Studies
<input type="checkbox"/>	Indigenous Business Diploma
<input type="checkbox"/>	Indigenous Social Work Diploma
<input type="checkbox"/>	Indigenous Bachelors Social Work

Applicants Contact Information (Please Print Clearly)

First Name: _____ Middle Initial: _____ Last Name: _____

Previous Last Name (if applicable): _____

Date of Birth (DD/MM/YYYY): _____

Gender (circle one): Female Male Other _____

Address: _____ City/Town/Reservation: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Please mark one of the following options:

- Status Indian
- Non-Status Indian
- Metis
- Bill C-31
- Inuit
- Non-Indigenous

Band Name: _____

Band Treaty Number(10 digits): _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Relation to Applicant: _____

Emergency Contact Phone Number(s): _____

Emergency Contact Address: _____

Academic History

Have you previously taken a course at MCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date last attended:
Have you previously been funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where:
High School:	From: To:
Adult Education:	From: To:
College/University:	From: To:
Other:	From: To:

Have you ever been suspended, expelled or required to withdraw from a faculty, program or post-secondary institution?
 Yes No

If yes, please include the approximate dates here: _____

Student with Disabilities

Would you like information about services for students with disabilities or serious health conditions?

Freedom of Information & Protection of Privacy

The personal information collected on this form, and any other information, collected and maintained as part of a student's record will be used for the purposes of admission, registration, scholarships and awards, convocation, sending educational information and for college research and planning. Certain information will also be disclosed to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Learning to meet reporting requirements. This information is collected pursuant to the Colleges Act and Statistics Act. (Canada). The information provided will be protected under the Freedom of Information and Protection of Privacy Act of Alberta

Declaration of Application

I certify that the particulars furnished on this application are true and complete in all respects and that no relevant information has been withheld.

I agree, if admitted to Maskwacis Cultural College, to comply with the regulations of the college, and if admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institutions.

I also authorize Maskwacis Cultural College to exchange my records with collaborating institutions. The college reserves the right to refuse admission or cancel any admission ruling.

Signature: _____ **Date:** _____

For Staff Use:

Non-Refundable Registration Fee of \$100.00 Paid:

- Yes
 No

Transcripts attached to the application:

- Yes
 No

Assessments Completed:

- Math Yes No
English Yes No
Cree Yes No

MCC Student ID: _____

Date application is entered on Four Trails (DD/MM/YYYY): _____

Employee Name: _____ Employee Initials: _____