



# APPLICATION FOR ADMISSION

**SPECIFY PROGRAM YOU ARE APPLYING FOR:** \_\_\_\_\_

Program Start Date: Fall  Year: \_\_\_\_\_ Winter  Year: \_\_\_\_\_ Spring  Year: \_\_\_\_\_ Full-time  Part-time

Have you previously applied to or, attended University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills?

No  Yes Program: \_\_\_\_\_ Year \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Previous Surname (if Applicable): \_\_\_\_\_  
First Middle Last

Gender: Male  Female  Other  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN # \_\_\_\_-\_\_\_\_-\_\_\_\_  
month day year (Required)

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_-\_\_\_\_

Telephone \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Person in case of Emergency: \_\_\_\_\_ Contact's Phone #: \_\_\_\_\_

Status:  Treaty  Non-Status  Metis  Other Band Name \_\_\_\_\_ Treaty/Metis # \_\_\_\_\_

## FORMAL EDUCATION HISTORY

Name of High School (list most recent first)	Province/State/Country	Grade Completed	From mm/yyyy	To mm/yyyy

Name of Post-Secondary Institution	Province/State/Country	From mm/yyyy	To mm/yyyy	Diploma/Degree/Credential Earned	Date Conferred

### FINANCIAL ASSISTANCE

MY TUITION WILL BE PAID BY:  SELF  SPONSOR

Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code \_\_\_\_-\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ext: \_\_\_\_\_

### (For Office Use Only)

BQ ID #:

Receipt #:

Cheque #:

### NOTE:

Certified Cheque or Money Order should be made payable to "University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills". Fees must be paid at the time of registration. Sponsored students must provide proof of sponsorship when registering.

### FEE ASSESSMENT

(Non-refundable)

Application Fee \$100.00 Date Paid \_\_\_\_\_

Cash  Certified Cheque  E-transfer   
 Money Order  Credit Card

## DECLARATION

The information I have provided is true and complete in all aspects. I understand that the personal information collected on this form will be maintained as part of a student record and will be used for the purpose of admission, registration, and for operating the programs and activities of the University. I further understand that the University will ensure the protection of personal information against such risks as unauthorized access, collection, use, disclosure or destruction.

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

Typing your name works as your signature.

Box 279, St. Paul, AB T0A-3A0

Toll Free 1-888- 645-4455 or (780) 645-4455 \* Main Fax: (780) 645-5215 Registrar's Fax: 780-645-4730

E-mail: registrar@bluequills.ca Visit us at: www.bluequills.ca