



Ph: 780.645.4455 Fx: 780.645-5215 www.bluequills.ca
Treaty Six Territory Box 279 St Paul Alberta Canada T0A 3A0

Masters in Indigenous Languages

APPLICATION

Tansi,

Thank you for your interest in the Masters of Indigenous Languages here at University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills.

THE APPLICATION PROCESS

The application process is detailed and will require the commitment of a significant amount of your personal time and effort. The completion of each of the components of this admission package is integral to ensuring that your application will be processed in an effective manner.

Applicants are encouraged to submit the following documents by the funding deadlines set by their sponsor, although later submission can still be considered for admission in the fall.

- ✓ Post-secondary Transcripts
- ✓ Current Resume
- ✓ Personal Statement;
- ✓ Two letters of reference



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PROGRAM APPLICATION CHECKLIST

I have:

- Ordered my official post-secondary education transcripts from all post-secondary institutions that I have attended in the past (order forms may be obtained from the Registrar's office) -----
- Attached a copy of my current resume. _____
- Attached a completed copy of my personal profile. _____
- Two letters of reference, _____
and _____
- Personal interview completed with Cree language faculty and/or Elder. _____
(date and name of faculty _____)

If you have any questions about the application procedure, please contact:

The Registrar
(780) 645-4455 or 1-888-645-4455

or mail completed package to:

University nuhelot'ine thaiyots'i nistameyimâkanak BlueQuills
Box 279, St. Paul Alberta T0A 3A0



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APPLICATION PACKAGE

Personal Profile

Please answer each of the following questions in paragraph format:
(double spaced word-processed responses are preferred)

1. Please describe your reasons for pursuing a Masters in Indigenous Languages
2. Please identify and describe what you bring to this language journey that would help you to succeed.
3. Language learning can be challenging and demanding please describe your plans for ensuring that the following elements of your life will be addressed in a healthy manner throughout the duration of your studies
 - Potential life challenges
 - Family and community commitments
 - Spiritual needs
 - Academic responsibilities
 - Financial considerations
5. In one to two paragraphs please describe your knowledge of Indigenous culture and those issues in regards to language that currently face Indigenous peoples in Canada.



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Application Package – Confirmation of Reference Requests

I have provided the following two individuals with a copy of the UnBQ Reference Form and they have agreed to send the completed form to the attention of the Registrar at University nuhelot'ine thaiyots'i nistameyimâkanak BlueQuills by mail or fax.

Reference #1: _____

Organization _____

Position _____

Telephone _____

Reference # 2: _____

Organization _____

Position _____

Telephone _____

Mail: Registrar
University nuhelot'ine thaiyots'i nistameyimâkanak BlueQuills
Box 279, St. Paul
Alberta T0A 3A0

fax: 780-645-5215

phone: 645-4455
or 1-888-645-4455



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Application Package – Reference Form

Name of Applicant _____

Name of Reference _____

Organization _____

Position _____

Telephone _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please describe those skills, knowledge or attitudes that you believe the applicant possesses that would assist them in successfully completing a Masters of Indigenous Languages. (For example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management)

Date: _____

Signature of person completing this form: _____

Please forward this reference to:

Registrar's Office
University nuhelot'ine thaiyots'i nistameyimâkanak BlueQuills

Box 279
St. Paul, Alberta T0A 3A0

Fax: 780-645-4730
Telephone: 645-4455 or 1-888-645-4455



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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'i 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'i 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: _____