**University nuhelot’įne thaiyots’į nistameyimâkanak Blue Quills**

**INDIGENOUS MASTER OF GOVERNANCE DEGREE**

**APPLICATION PACKAGE**

**Application deadline: May 1, 2025**

**Eligibility & Criteria:**

* 4-Year Bachelor’s Degree from an accredited school or institution
* Demonstrated verbal and written skills
* Openness to learn from Indigenous perspective –knowledge and wisdom
* Alignment with UnBQ’s mission and values

**Required Documentation Checklist:**

* Graduate Application Form (attached)
* Resume or CV (CurriculumVitae)
* Two Letters of Reference: Provide a minimum of two letters of support from individuals who can evaluate your interpersonal skills, professional practice and/or ability and capacity to complete a graduate degree. Recommendations from family members are not encouraged.
* Statement of Intent: Submit an essay that is well-written using APA 7th Edition and no longer than 1000 words. It must include the following:
* Describe your interest in Indigenous Master of Governance Degree Program;
* Assess your strengths; and
* Describe what you hope to gain from this graduate degree.
* Official Transcripts (From where you earned your Bachelor’s degree). If you have a GPA below the 3.0 minimum (in your last 60 credits), you should also include an essay (separate from the Statement of Intent) that either:
1. Demonstrates distinguished life achievements of a scholarly, creative, or professional nature in the field related to the intended program of study OR
2. Provides evidence that you are likely to succeed in handling the rigor of the graduate program
* Admissions Interview (to be scheduled)

Please email completed Application to:

registrar@bluequills.ca

University nuxełhot’įne thaaɁehots’į nistameyimâkanak Blue Quills (UnBQ)

Treaty Six Territory

Box 279, St. Paul, Alberta T0A 3A0

Ph: 780-645-4455; Toll Free: 888-645-4455

Fx:780-645-4730

[www.bluequills.ca](http://www.bluequills.ca/)

**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 of Blue Quills?**

□ **No** □ **Yes Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION FOR ADMISSION**

**PERSONAL INFORMATION**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_ Previous Surname (if Applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Middle Last**

**Gender: Male** □ **Female** □ **Other** □ **Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_
 month day year**

**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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEE ASSESSMENT**

**(Non-refundable)**

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

Cash  Certified Cheque  E-transfer 

 Money Order  Credit Card 

**NOTE:**

Certified Cheque or Money Order should be made payable to“University nuhelot’įne thaiyots’į nistameyimâkanak Blue Quills

**Fees must be paid at the time of registration**.

Sponsored students must provide proof of sponsorship when registering.

**(For Office Use Only)**

**BQ ID #:**

**Receipt #:**

**Cheque #:**

**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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### 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

**FINANCIAL ASSISTANCE**

**MY TUITION WILL BE PAID BY:**  SELF  SPONSOR

Sponsor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Prov: \_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

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

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

**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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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