

480 Madison Avenue, MB R3J 1J1
Tel: (204) 953-2800 Fax: (204) 953-2810

New student Returning student

Program or Course			SOCIAL INSURANCE NUMBER		
Name	LAST NAME	FIRST NAME	MIDDLE NAME	Preferred Start Date:	
Mailing Address	P.O. BOX OR NUMBER & STREET	CITY OR TOWN			YOUR MAIN ACTIVITY DURING THE LAST YEAR (Check ONE BOX) <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending Community College <input type="checkbox"/> Other Education/ University <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Other (please specify)
	PROVINCE	POSTAL CODE	COUNTRY		
Permanent Home Address <i>(If Different From Above)</i>	P.O. BOX OR NUMBER & STREET	CITY OR TOWN	COUNTRY		
	PROVINCE	BAND NAME & NUMBER:			
	E-MAIL:				

PERSONAL

BIRTHDATE			GENDER		HOME TELEPHONE NUMBER					WORK/MESSAGE TELEPHONE NUMBER						
DAY			M	F												

Privacy Statement

Personal information collected on this application form will be used by Yellowquill University College for admission and registration. Your personal information is protected by the Manitoba Freedom of Information and Protection of Privacy Act. This information will be used to admit you to Yellowquill College, assign you your student number, register you in classes, report your grades and create your student file. It will also be used for accounting of registration, tuition and book deposit fees. Information about the names of our graduates and award winners may be publicized. If you have any questions about the collection and use of your personal information, please contact our Records Keeper.

EDUCATIONAL BACKGROUND

HIGH SCHOOL LAST ATTENDED					
NAME OF SCHOOL				HIGHEST GRADE ACHIEVED	
DATE LAST ATTENDED	MO	YR	NO. OF HIGH SCHOOL CREDITS ACHIEVED	PROV / STATE / FOREIGN COUNTRY	
HAVE YOU ATTENDED A MANITOBA COMMUNITY COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please complete the following:</i>					
NAME OF COLLEGE				DEGREE(S) / CREDIT(S)	
DATE LAST ATTENDED	MO	YR	PROGRAM / COURSE(S)		
HAVE YOU PARTICIPATED IN OTHER EDUCATION / UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please complete the following:</i>					
NAME OF SCHOOL OR UNIVERSITY				DEGREE(S) / CREDIT(S)	
DATE LAST ATTENDED	MO	YR	PROGRAM / COURSE(S)		

I certify with my signature that the above information is true and correct.

SIGNATURE: _____ DATE: _____

New Applicants Please Note:

1. An official transcript of your current educational standing (high school, adult basic education, college or university) should accompany this application.
2. All applications will be acknowledged by letter. If you have applied for a course that has special entrance procedures, details will be sent to you.
3. Please complete the following consent form if you wish to have us fax your acceptance letter directly to your funding agency:

Name of funding agency: _____

Fax number: _____

I consent to having Yellowquill University College fax my acceptance letter to the above agency.

Signature: _____