

For Office Use Only  
DATE STAMP

## Application for Admission

Please Print

<b>Program</b> (choose pre 10, ABE 10 or ABE 12 if ABE)		<b>Program Location</b>		<b>Program Date</b> (Month/Year)	
<b>Student Information</b>					
<b>Former Name</b> (eg: maiden name)		<b>Last Name</b>		<b>First Name</b>	
<b>Mailing Address</b> (Box # or Street Address)		<b>City/Town</b>		<b>Province</b>	
<b>Residential address</b> (apartment/house #, street/land location, town)					
<b>Phone (Home)</b>		<b>Phone (Cell)</b>		<b>Phone (Messages)</b>	
<b>SIN #</b> (Required for ABE & Technical programs to meet government reporting needs)					
<b>Gender</b> <input type="checkbox"/> F <input type="checkbox"/> M		<b>Birthdate</b> ____/____/____ dd mon year		<b>Email Address:</b>	
<p><b>Transcripts:</b> If your program requires transcripts please mail/fax/email a copy or original of <u>all</u> your transcripts, you will need to provide an original transcript prior to program start.</p> <p><b>Internationally Educated Students:</b> Please provide: 1) an original or certified copy of all your transcripts; 2) proof of English proficiency; 3) passport, permanent resident card or student visa; and 4) if your name is different on your transcripts bring proof of name change.</p>					
		<b>Name of School and Location</b>		<b>Highest Grade or Term Completed</b>	
<b>Last Secondary School Attended for ABE, GED or High School</b>					
<b>Regional College, Technical Institute or University</b>					
<b>Other</b>					
<b>Citizenship Status – Are you?</b>					
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Student Visa	
<b>Alternate/Emergency contact information</b>					
<b>Name</b>			<b>Relationship to you</b>		
<b>Address</b>		<b>City/Town</b>		<b>Province</b>	
<b>Phone (Cell)</b>		<b>Phone (Home)</b>		<b>Phone (Messages)</b>	
<b>In the 12 months prior to this application were you mainly residing: (check one)</b>					
<input type="checkbox"/> In Saskatchewan		<input type="checkbox"/> In another province		<input type="checkbox"/> Outside Canada	
<b>Main activity in the 12 month period prior to this application: (check one)</b>					
<input type="checkbox"/> Working <input type="checkbox"/> Full time student in a university program <input type="checkbox"/> Full time student in the same Sask Polytechnic program <input type="checkbox"/> Full time student in a different Sask Polytechnic program <input type="checkbox"/> Full time student in a two-year diploma or a one-year certificate program <input type="checkbox"/> Full time student in studies other than above <input type="checkbox"/> Full time student in high school or ABE <input type="checkbox"/> Unemployed/Looking for work <input type="checkbox"/> Other					

**Attention: Please complete reverse side of this form**

Highest Prior Education Experience (check one)				
<input type="checkbox"/> Did not complete elementary school <input type="checkbox"/> Completed elementary school <input type="checkbox"/> Completed some high school or Adult Basic Education <input type="checkbox"/> Completed GED <input type="checkbox"/> Completed high school or Adult 12 <input type="checkbox"/> Previously enrolled in a one year certificate program but did not complete <input type="checkbox"/> Completed a one year certificate program <input type="checkbox"/> Previously enrolled in a two year diploma program but did not complete <input type="checkbox"/> Completed a two year diploma program <input type="checkbox"/> Previously enrolled in University but did not complete <input type="checkbox"/> Completed University				
Completion of the following sections is optional but it helps us to provide quality programming in our region. Thank you for your participation!				
Are you?				
<input type="checkbox"/> First Nation Treaty/Status Indian	<input type="checkbox"/> First Nation Non-Status Indian	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	<input type="checkbox"/> visible minority Excluding Aboriginal
<input type="checkbox"/> I have a permanent disability. Because of my circumstances, I may need assistance in order to participate in my program. (Please contact a College Student Advisor to discuss)				
How did you become aware of this program? (check one)				
<input type="checkbox"/> High School Teacher/Staff	<input type="checkbox"/> College Staff	<input type="checkbox"/> High School Presentation	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> College Web Page
<input type="checkbox"/> Radio	<input type="checkbox"/> Former College Student	<input type="checkbox"/> Newspaper	<input type="checkbox"/> College Facebook/Twitter	<input type="checkbox"/> Other _____

### Consent to Use Personal Image Information

This form authorizes Cumberland College to use and disclose your personal image and limited personal information for marketing and promotional purposes related to the college. These may include, but are not limited to, brochures, newspaper and website advertising, social media, television, radio and multimedia productions for Cumberland College. A personal image may include photographs and audio or video recordings. Personal information may include your name, testimonial, college program and location and year of graduation. This activity is conducted under the authority of the Regional Colleges Act 1988, which mandates the provision of adult education programs and services to the residents of Saskatchewan. Your personal image and information will be used in a manner consistent with the privacy provisions of the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP).

I consent                                       I do not consent

### Privacy

I hereby give the college permission to disclose information about my performance in this program to potential employers and agencies that are funding me for this program. I also give permission to any affiliated institute to disclose a copy of my transcript to Cumberland College. The information on this form is collected and protected under the legal authority of the Regional Colleges Act 1988 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) and is used for administrative and statistical purposes by Cumberland Regional College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada.

### Signature

I hereby certify that all the information on this form is true and complete. I understand that false information may result in the cancellation of my status as a registered student. I agree to abide by the rules and regulations of the institute, including the payment of fees. If you have any questions about the collection, use, disclosure or safeguarding of this information please contact the Privacy Officer, Cumberland College.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(Please sign in ink)

**Nipawin Office**  
Box 2225 SOE 1E0  
P: 306-862-9833  
F: 306-862-4940

**Melfort Office**  
Box 2320 SOE 1A0  
P: 306-752-2786  
F: 306-752-3484

**Tisdale Office**  
Box 967 SOE 1T0  
P: 306-873-2525  
F: 306-873-4450