

REQUEST FOR ADMISSION CREDIT COURSES ONLY



PROGRAM NUMBER

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CONTINUING EDUCATION

PROGRAM NAME _____

A. PERSONAL INFORMATION

Permanent code	Letters	Numbers	Student number	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>		
<input type="text"/>		<input type="text"/>	<input type="text"/>					
Family name at birth	Married name (if applicable)			Date of birth	Day	Month	Year	
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Usual given name	Mother tongue			FRENCH	ENGLISH	OTHER	Language normally spoken	
<input type="text"/>	1 <input type="checkbox"/>			2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B. PERMANENT ADDRESS

Number	Street/Rural route/P.O. Box	Apartment			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
City/Town	Province	Postal Code (Important)	Area Code	Telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
e-mail	Phone no. at work	Area Code	Telephone number	Local	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

C. OTHER INFORMATION

Place of permanent residence on Jan. 1, 2018	1 <input type="checkbox"/> Province of Québec	2 <input type="checkbox"/> Elsewhere in Canada	3 <input type="checkbox"/> Outside Canada
Place of birth: If Canada	City/Town	Province	IF OUTSIDE CANADA: Please specify country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Status of Residence in Canada:	Father's family name (even if deceased)		
<input type="checkbox"/> Canadian Citizen <i>Specify:</i>	<input type="text"/>		
1 <input type="checkbox"/> Canadian	2 <input type="checkbox"/> First Nations	3 <input type="checkbox"/> Inuit	Father's given name (even if deceased)
<input type="checkbox"/> Other <i>Specify:</i>	<input type="text"/>		
4 <input type="checkbox"/> Permanent resident	7 <input type="checkbox"/> Member of diplomatic family	Mother's maiden name (even if deceased)	
5 <input type="checkbox"/> Student visa	8 <input type="checkbox"/> Refugee	<input type="text"/>	
6 <input type="checkbox"/> Other	9 <input type="checkbox"/> Temporary work permit	Mother's given name (even if deceased)	
Country of citizenship (if other than Canada):	Official Document	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Your principal occupation during the last six months (check on box only):	
		1 <input type="checkbox"/> Studies 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Other _____	

D. ACADEMIC BACKGROUND

1. Have you ever taken or are you taking courses in a college-level institution?	1 <input type="checkbox"/> YES	If yes	a) Name of last institution attended: _____
	2 <input type="checkbox"/> NO		b) Are you presently attending this institution? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
2. Last year of studies completed, or now in progress, before entering a college-level institution.			
1 <input type="checkbox"/> Less than Secondary V	4 <input type="checkbox"/> Secondary V DES or DEP	Name of institution: _____	
2 <input type="checkbox"/> Grade 11	Name of the school board (regional): _____		
3 <input type="checkbox"/> Grade 12	5 <input type="checkbox"/> Other, specify: _____		
3. Number of school years completed: _____			

I hereby declare that the information given is correct. I authorize the College to verify the documents or information requested. I officially declare that:

I am taking the first course in the above DEC or AEC program with the specific goal of eventually obtaining a Diploma of College studies or an Attestation of College studies in this program.

OR

I have experience in a profession or trade, that I do not intend to obtain a diploma, and that I am enrolling part time only in order to improve my professional status or to enter the job market.

Date

Student signature