

INTERNATIONAL APPLICATION FOR ADMISSION

HOW TO APPLY

By the fall of 2009 all public universities, colleges and technical institutes will be using the new **Apply Alberta** application system. This system will speed up the processing of applications, and facilitate the electronic transfer of transcripts. You will not be charged for transcripts requested using the **Apply Alberta** system.

You may still use our paper application form, but the information will be entered into the **Apply Alberta** system. If you use this form, a non-refundable application fee of **\$140 (Canadian)** must be enclosed for applicants on a Study Permit or other VISA. You may also pay by VISA, Mastercard, Cheque or money order (made payable to MacEwan). If you later submit another Application for Admission for the same term, you will be considered **ONLY** for the program indicated on the most recent application form; your **first** application **will be withdrawn**.

WHEN TO APPLY

Fall Term (September to December):

Application period opens October 1st of the previous year

Winter Term (January to April):

Application period opens February 1st of the previous year

Spring/Summer Term (May to August):

Application period opens May 1st of the previous year

Students, who have attended a private post secondary institution in Alberta, or schools outside Alberta, are responsible for submitting transcripts from each institution attended. Two copies of transcripts from post secondary institutions are required.

It is to your advantage to apply and complete program admission requirements as early as possible since most programs can accommodate only a limited number of students. Entrance to the Winter Term is limited to certain programs; however, some programs have multiple start dates. Contact the Office of the Registrar for a list of program offerings, or refer to www.MacEwan.ca/prospective.

EDUCATIONAL TRANSCRIPTS

We require complete educational credentials or certificates and final examination results from secondary school and any other schooling you have completed since high school. Certified official documents in their original language are required.

If your official educational transcripts are not printed in English, you must also provide us with certified English language translations. Translations must be complete, literal, word-for-word, and in the same format as the original document.

If your previous education compares to MacEwan's course curriculum, we will determine possible transfer credit. You must forward official education records and detailed syllabi of any course work that matches the courses required in MacEwan's program of study.

ENGLISH LANGUAGE PROFICIENCY

If your first language is not English, we require evidence of your current level of English proficiency. Please send us your official results of the TOEFL or other similar English language tests, such as IELTS or CAEL. Accepted applicants may require additional testing upon arrival in Edmonton.

APPLICANTS WITH DISABILITIES

You are encouraged to identify yourself to Services to Students with Disabilities well in advance of commencing your studies to ensure that there is adequate time to determine and plan for appropriate accommodations. Please call 1.780.497.5063 to make an appointment to see a counselor or learning disabilities specialist.

City Centre Campus

10700-104 Avenue
Edmonton, AB, Canada
T5J 4S2

Centre for the Arts and Communications

10045-156 Street
Edmonton, AB, Canada
T5P 2P7

South Campus

7319-29 Avenue
Edmonton, AB, Canada
T6K 2P1

Alberta College Campus

10050 MacDonald Drive
Edmonton, AB, Canada
T5J 2B7

Please Print Clearly

HAVE YOU PREVIOUSLY TAKEN A COURSE AT MacEwan: YES NO

HAVE YOU PREVIOUSLY APPLIED TO A PROGRAM AT MacEwan: YES NO

DATE LAST ATTENDED OR APPLIED: _____

MacEwan STUDENT ID # _____

Non-refundable Application fee of \$140 (Canadian) for applicants on a Study Permit or other Visa.

If you later submit another application for admission for the same term, you will be considered **only** for the program indicated on the most recent application form; your **first application will be withdrawn.**

ENROLLMENT INTENTIONS

ENTERING PROGRAM _____

MAJOR (if applicable): _____

DESIRED FINAL DEGREE OR DIPLOMA OR CERTIFICATE _____

APPLYING TO BEGIN:
(Check only one)

- SEPTEMBER
 JANUARY
 MAY

ALTERNATE PROGRAM:

If on the day we receive this application the program you have applied to is no longer considering new applicants, would you like to be considered for an alternate program? If so, please indicate program name: _____

PERSONAL DATA - Please complete all the spaces below. If not applicable to you, indicate "N/A".

FAMILY (LAST) NAME/SURNAME:		FIRST NAME (legal):		MIDDLE NAME(S) (legal):				
ALL OTHER NAMES USED:			E-MAIL ADDRESS:					
MAILING ADDRESS - STREET:				CITY/TOWN:				
PROVINCE/STATE:		POSTAL CODE:		COUNTRY:				
TELEPHONE - HOME: ()		TELEPHONE - BUSINESS: ()		TELEPHONE - CELL: ()				
COUNTRY OF CITIZENSHIP	COUNTRY OF RESIDENCE (Where you are living now):		BIRTHDATE: <table border="1" style="display: inline-table;"><tr><td>YY</td><td>MM</td><td>DD</td></tr></table>			YY	MM	DD
YY	MM	DD						
MAJOR ACTIVITY DURING PREVIOUS 12 MONTHS: <input type="radio"/> STUDENT (1) <input type="radio"/> LABOUR FORCE (EMPLOYED OR UNEMPLOYED AND SEEKING WORK) (2) <input type="radio"/> OTHER (3)			GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE		FIRST LANGUAGE (must complete):			
LOCATION OF PREVIOUS ACTIVITY: <input type="radio"/> ALBERTA (1) <input type="radio"/> OTHER PROVINCE (2) <input type="radio"/> OUTSIDE CANADA (3)			ALBERTA STUDENT NUMBER					
MARITAL STATUS: <input type="radio"/> SINGLE/NEVER MARRIED (S) <input type="radio"/> MARRIED/COHABITANT (M) <input type="radio"/> OTHER (O)		EMERGENCY CONTACT: NAME: _____ CITY: _____ PHONE: () _____ PROVINCE: _____						
RESIDENCY STATUS:	<input type="radio"/> CANADIAN CITIZEN <input type="radio"/> LANDED IMMIGRANT	<input type="radio"/> STUDY PERMIT <input type="radio"/> OTHER VISA	DATE OF ENTRY INTO CANADA: <table border="1" style="display: inline-table;"><tr><td>YY</td><td>MM</td><td>DD</td></tr></table>			YY	MM	DD
YY	MM	DD						

HOUSING OPTIONS

Do you wish to live in residence? YES NO

*Please note that you must complete a separate application form for residence. The form can be located at www.MacEwan.ca/residence.

WHAT INFLUENCED YOU TO APPLY: (indicate one only)

<input type="radio"/> HIGH SCHOOL COUNSELLOR	<input type="radio"/> MacEwan COUNSELLOR	<input type="radio"/> MacEwan STUDENT	<input type="radio"/> AUTHORIZED AGENT	<input type="radio"/> FAMILY OR FRIEND	<input type="radio"/> MacEwan PUBLICATION	<input type="radio"/> OPEN HOUSE	<input type="radio"/> HIGH SCHOOL VISIT	<input type="radio"/> MacEwan WEBSITE	<input type="radio"/> INTERNET
--	--	---------------------------------------	--	--	---	----------------------------------	---	---------------------------------------	--------------------------------

FOR OFFICE USE ONLY

APP. FEE ASSESSED?	YY	MM	DD	INITIALS	APP. FEE PAID?	YY	MM	DD	INITIALS

EDUCATION RECORD

SENIOR SECONDARY SCHOOL ATTENDED OR CURRENTLY ATTENDING:	CITY/TOWN:	PROVINCE/COUNTRY:
--	------------	-------------------

START DATE:	END DATE:	GRADE LEVEL ACHIEVED OR WILL ACHIEVE:	DIPLOMA RECEIVED OR EXPECTED:												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YY</td> <td style="width:33%;">MM</td> <td style="width:33%;">DD</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YY	MM	DD				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YY</td> <td style="width:33%;">MM</td> <td style="width:33%;">DD</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YY	MM	DD					<input type="radio"/> YES <input type="radio"/> NO
YY	MM	DD													
YY	MM	DD													
LANGUAGE OF INSTRUCTION:															

With this application submit complete educational credentials or certificates and final examination results from secondary school and any other schooling you have completed. Certified official documents in their original language are required. Documents must be officially translated into English. You may enclose photocopies, or fax for faster processing but originals must be presented upon arrival.

TOEFL SCORE _____ WRITTEN Y/M/D _____ / _____ / _____ IELTS SCORE _____ WRITTEN Y/M/D _____ / _____ / _____ CAEL SCORE _____ WRITTEN Y/M/D _____ / _____ / _____ MELAB SCORE _____ WRITTEN Y/M/D _____ / _____ / _____	
---	--

YEAR 12 COURSES COMPLETED OR ENROLLED IN: PROVIDE FINAL GRADE OR MIDTERM IF AVAILABLE OR CHECK IF CURRENTLY ENROLLED AND NO GRADE AVAILABLE.

LIST SUBJECTS:	FINAL MARK	MID YEAR	FULL YEAR	SUBJECTS:	FINAL MARK	MID YEAR	FULL YEAR	SUBJECTS:	FINAL MARK	MID YEAR	FULL YEAR
ENGLISH LANGUAGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	MATH 31 (CALCULUS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	PHYS ED 30	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENGLISH LITERATURE	<input type="text"/>	<input type="text"/>	<input type="text"/>	BIOLOGY 30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL 30 (HISTORY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	CHEMISTRY 30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MATH 30/PURE MATH 30 (ALGEBRA/TRIG)	<input type="text"/>	<input type="text"/>	<input type="text"/>	PHYSICS 30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MATH 33/APPLIED MATH 30	<input type="text"/>	<input type="text"/>	<input type="text"/>	FRENCH 30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALL OTHER EDUCATION AND DATES:	CITY/TOWN:	PROVINCE/COUNTRY:
--------------------------------	------------	-------------------

START DATE:	END DATE:	LEVEL ACHIEVED: (CERT. DIP. DEGREE)	PROGRAM/FACULTY:												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YY</td> <td style="width:33%;">MM</td> <td style="width:33%;">DD</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YY	MM	DD				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YY</td> <td style="width:33%;">MM</td> <td style="width:33%;">DD</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YY	MM	DD					
YY	MM	DD													
YY	MM	DD													
LANGUAGE OF INSTRUCTION:		LENGTH OF TIME ATTENDED (YRS.):													

(NOTE: LIST ALL OTHER INSTITUTES AND DATES ON A SEPARATE PAGE)
 After you have been accepted into a diploma or certificate program, any previous post-secondary work will be automatically assessed for possible transfer credit (once final official post-secondary transcripts and course descriptions have been received).

METHOD OF PAYMENT

CASH/DEBIT CARD (in person only)
 CHEQUE
 VISA
 MASTERCARD
 MONEY ORDER

CARD NUMBER: _____ EXPIRY DATE: _____

CARDHOLDER'S NAME: _____ CARDHOLDER'S SIGNATURE: _____

APPLICANT ACKNOWLEDGEMENT AND CONSENT

Please read the FOIP Personal Information Collection Notice and sign the Applicant Acknowledgment and Consent, as well as the Declaration statement below. I acknowledge I have read and understand the *How To Apply* section and the FOIP *Personal Information Collection Notice*; and that I:

- am giving my consent to the other Alberta post-secondary institutions I have indicated I have attended and to Alberta Education, to send to MacEwan copies of my transcripts from those other post-secondary institutions and from Alberta Education;
- authorize the **Apply Alberta** participating institutions I indicated I attended, to send transcripts to MacEwan; and
- I authorize MacEwan to send a copy or record of this Consent, to any of the **Apply Alberta** participating institutions from whom MacEwan will be collecting my transcripts.

SIGNATURE: _____ DATE: _____

FOIP PERSONAL INFORMATION COLLECTION NOTICE

Your personal information is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act* and sections 65 and 118 of the *Alberta Post-Secondary Learning Act* and is protected under the authority of Part 2 of the *Alberta FOIP Act*. It is collected for the purpose of processing your Application for Admission including, if requested and authorized, to obtain electronic transcript requests from other Alberta post-secondary institutions and Alberta Education; and, if your application is accepted, to establish and administer necessary records to manage and document your educational experience. If you have any questions on this collection please direct those enquiries to the Associate Registrar, Records and Convocation, Office of the Registrar at the address and phone number on the header of this form. For additional information on FOIP and Personal Information Disclosure Notifications please see the *Personal Information Collection and Use & Disclosure Notifications – Office of the Registrar* section in the current MacEwan Academic Calendar.

DECLARATION STATEMENT

In submitting this application, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to MacEwan and if it occurs or is discovered after admission, may be expelled from MacEwan. I further acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrolment at other post-secondary institutions on the application. Further, in submitting this application, I agree to be governed by the policies, rules and regulations as set forth by MacEwan.

SIGNATURE: _____ DATE: _____

APPLICATION PROCESS

Personal Information 3rd Party Acquisition/Disclosure Consent

Dear Applicant/Student

Personal information collected by MacEwan is private and confidential. Except for legislated exceptions, it cannot be shared with anyone outside of the University without your written consent.

We prefer that students provide their own personal information to individuals of their choosing **directly**, without involving University Offices. However, if there is another individual to whom you require the University provide your personal information, or who may provide personal information in support of your application, please fully complete the following Declaration and return it to:

The Office of the Registrar

MacEwan

PO Box 1796, Edmonton, AB, Canada T5J 2P2

Fax: 1.780.497.4508

For further information, call

Office of the Associate Registrar - Records

780.497.4495

I, (applicant/student name) _____, request and give my consent to:

Name of Authorized Person/Agency:	
Address:	
Telephone:	
Fax:	
E-Mail:	

Consent Authorizations:

Unchecked boxes will be taken as an absence of consent for MacEwan to obtain or release personal information. Check all boxes for which you are granting consent for the above individual to provide or receive personal information.

- to provide to MacEwan personal information during the application process as indicated below.
- to obtain from MacEwan personal information on my behalf as part of the application process.
 - name
 - birth date
 - citizenship
 - admission status
 - financial and tuition fee status
 - MacEwan final grades
 - grades used for admission
- Please accept the email address(s) on this form as my authorizing signature for all future requests concerning my application to Grant MacEwan University.

Applicant/Student Name:	
Date of Birth:	
ID#:	
Program:	
E-Mail:	

Applicant/Student Signature _____ Date _____

This Authority shall remain in effect for 1 year from the date of signature unless previously revoked in writing to this office.

Protection of Privacy - The personal information requested on this form is collected and protected under the authority of Part 2 of the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act*. It will be used to manage file data quality and the Disclosure of Student personal Information Process. This information will be retained and disposed as part of the hard copy Official Student File. Direct questions on the collection and use of this information to: the Associate Registrar - Records & Convocation, Office of the Registrar, Grant MacEwan University, 10700-104 Avenue, Edmonton, AB T5J 4S2, telephone 780.497.4495.

Applicant should retain a copy of this Personal Information instruction.