

For Office Use:

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Personal Information

Send your application to:

Student Services Office

St. Mary's University College
14500 Bannister Rd SE
Calgary, Alberta
T2X 1Z4

Tel: 403-531-9130
Fax: 403-531-9136

Website:
www.stmu.ab.ca

E-mail:
registrar@stmu.ab.ca

**Please PRINT
clearly and
complete
entire form.**

First Name		Middle Name		Last Name	
Former/Maiden Name (if any)		E-mail			
Home Phone		Cell Phone		Work Phone	
Permanent Address			Local Address (if different from Permanent Address)		
City	Province/Country		Local City	Local Province/Country	
Postal Code	Country		Local Postal Code	Country	
Emergency Contact Person				Relationship	
Home Phone		Work Phone		Cell Phone	
Birthdate (MM/DD/YYYY)	Gender <input type="radio"/> Female <input type="radio"/> Male		Marital Status <input type="radio"/> Single/Never Married <input type="radio"/> Married/Cohabitant <input type="radio"/> Other (Widow/Widower/Divorced)		
Alberta Student ID Number					
Immigration Status <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident Date of Entry into Cda: _____ Country of Origin: _____ <input type="radio"/> Student Visa Date of Entry into Cda: _____ Country of Origin: _____ <input type="radio"/> Other: _____ Date of Entry into Cda: _____ Country of Origin: _____					
First Language		Aboriginal Heritage** (optional) <input type="radio"/> Status Indian <input type="radio"/> Non-Status Indian <input type="radio"/> Métis <input type="radio"/> Inuit			
What was your activity during the last year? <input type="radio"/> In School <input type="radio"/> In the Work Force <input type="radio"/> Other: _____			Where were you living during the last year? <input type="radio"/> Alberta <input type="radio"/> Another Province <input type="radio"/> Outside Canada		
Are you interested in inter-collegiate athletics? <input type="radio"/> Yes <input type="radio"/> No			If Yes, which sport?		

**Alberta Advanced Education is collecting this personal information pursuant to Section 33(C) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve aboriginal learner success.

Intended Enrolment Status & Program of Study

Start Term <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Summer		Year	Intended Registration Status <input type="radio"/> Full-Time <input type="radio"/> Part-Time		
Admission Category <input type="radio"/> Early <input type="radio"/> Home Educated <input type="radio"/> Mature <input type="radio"/> Visiting <input type="radio"/> Audit <input type="radio"/> GDRE <input type="radio"/> Regular <input type="radio"/> Transfer <input type="radio"/> International <input type="radio"/> Special <input type="radio"/> Storefront <input type="radio"/> REAP					
How did you hear about St. Mary's University College? (select one or two main sources) <input type="radio"/> Alumni <input type="radio"/> Guidance Counsellor <input type="radio"/> Parent/Family <input type="radio"/> Print Ad <input type="radio"/> Yellow Pages <input type="radio"/> Friend <input type="radio"/> High School Visit <input type="radio"/> Parish <input type="radio"/> Radio Ad <input type="radio"/> Other: <input type="radio"/> Coach <input type="radio"/> Student Ambassador <input type="radio"/> Open House <input type="radio"/> Television Ad _____					

Academic History

High School

Are you currently in High School?				
<input type="radio"/> Yes	Current Grade	Current High School	City/Prov	Diploma Expected? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> No	Last Grade Completed	Last High School Attended	City/Prov	Diploma Received? <input type="radio"/> Yes <input type="radio"/> No

Post-Secondary

Last Post-Secondary Institution Attended	Province/Country	Dates Attended (From/To)
Level Achieved (Certificate, Diploma, Degree)	Program/Faculty	# Credits Completed
Other Post-Secondary Institution Attended	Province/Country	Dates Attended (From/To)
Level Achieved (Certificate, Diploma, Degree)	Program/Faculty	# Credits Completed
Would you like us to assess transfer credit for courses taken at previous post-secondary institutions once official transcripts arrive? <input type="radio"/> Yes <input type="radio"/> No		
Have you ever been suspended, expelled or required to withdraw from a faculty, program or post-secondary institution? <input type="radio"/> Yes <input type="radio"/> No Institution _____ Date _____		

Applicant Checklist:

I've arranged to send the following documents where applicable:

- Interim Transcripts or Grade Report (required for early admission consideration)
- Official High School Transcripts (by August 31)
- Official Post-Secondary Transcripts
- GED Transcript
- TOEFL Score

I've enclosed the following application fee:

- \$50 non-refundable admission fee
- \$250 International Student Admission Fee

Payment Method:

- Cheque
- Cash (do not mail)
- Debit
- Visa
- MasterCard
- AMEX

Please provide the following information only if you are faxing or mailing your application and paying by credit card:

Credit Card Number	Expiry Date	Cardholder's Signature
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Declaration of Applicant

The information provided on this form is required to determine eligibility for admission and will be used for contact regarding University College business. This information is considered confidential and will be used and disclosed in accordance with privacy legislation and University College policies. This application forms part of your student record and is disclosed to relevant academic and administrative personnel. Specific information is disclosed to federal and provincial governments to meet reporting requirements and to our Students' Association in accordance with contractual agreements. St. Mary's University College reserves the right to refuse admission or cancel any admission ruling on medical or other grounds.

I hereby acknowledge the statement above and declare that the particulars furnished are true and complete in all respects. I understand that falsifying or omitting information on this application will result in dismissal from the University College. Completion of this application gives express permission to St. Mary's University College to request from other institutions my transcripts in addition to those already submitted. I agree, if admitted to St. Mary's University College, to comply with all the rules and regulations of the University College.

Applicant's Signature		Date	
Office Use Received	Entered	Tran #	Staff Init