

Transforming Lives through Education!

STUDENT INFORMATION SHEET

Full Name:			
<i>First:</i> Address: Street Address	Middle Name:		ast:
City	Province/State	Postal Cod	e
Home Phone:	Cell Phone:		
Email:	Residence Status:		
Date of Birth:	Gender: Male Female Don't want to disclose		
Year and Month of Last Atte	nded High School:	ASN	Number :
	PROGRAM INFORM	TION	
Please state your reason w	·· ·		
STUDE	ENT'S QUALIFACTIONS AND J	OB INFORMATION	
Qualifications/Education: +	ligh School 🗆 College 🗆	University 🗌 Oth	ner 🗆
Present Job Title:		Start & End Dat	e:
Previous Job Title:		Start & End Date	e:
• Please attach a copy	of your Alberta Government	issued ID	
• A copy of your High	School / College Transcript 8	Diploma if you ha	ve one
Any valid English Pr	oficiency Test results if Engli	sh is not your First	Language (Canadiar
English Bench Mark,	IELTS, TOFEL, CELPIP, LINC, F	earson English Tes	t, others)

Student Signature: ______Date: _____Date: ______Date: _____Date: ______Date: _____Date: _____Date: ______Date: _______Date: ______Date: ______Date: ______Date: __



ADMISSION FORM 01

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For Admission Counselor Use Only

Please Rate his / her Computer Skills:

- Level 1 Fundamental Skills (Typing, Mouse)
- _____Level 2 Basic Computing and Applications.
- _____Level 3 Intermediate Computing and Applications.
- Level 4 Advanced Computing and Applications.

Please Rate his / her Communication Skills for 0-10. 10 as the highest. Give some reasons why you rated him or her such rate.

Recommendation:

Name of Student's Recruiter:_____

Name and Signature of the Admission Counselor

Date

Student Signature: ______Date: _____Date: ______Date: _____Date: ____Date: _____Date: ____Date: _____Date: __