

SPRING TERM APPLICATION

Have you previously applied to The King's University? Yes No Student ID _____

APPLICATION PROCEDURE

Please read the application form carefully and complete all sections. Applications submitted with incomplete or incorrect information or without the application fee may be returned. Spring Term students have no ongoing status and must re-apply for admission each term. Those who have already applied for Fall 2015/16 are not required to pay an application fee. A non-refundable application fee is required and must be submitted with the application form. Admission to the Spring Terms does not imply on-going status at King's.

NAME: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (Please specify Dr./Rev.) _____			
			Surname or Family Name
_____	_____	_____	_____
First Name	Middle Initial	Preference Name	Former Surname(s)/Maiden Name

CURRENT ADDRESS: _____			
Apt. #	Street	City	
			(_____) _____
Province/State	Postal/Zip Code	Country	Telephone
OTHER TELEPHONE: (_____) _____		E-MAIL ADDRESS: _____	

EMERGENCY CONTACT: Name _____ Phone _____ Relationship _____

STATISTICAL INFORMATION: Major Activity in the Previous Year: <input type="checkbox"/> Student <input type="checkbox"/> Workforce <input type="checkbox"/> Other Location in the Previous Year: <input type="checkbox"/> Alberta <input type="checkbox"/> Other Province <input type="checkbox"/> Outside Canada
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OTHER BIOGRAPHICAL AND CITIZENSHIP INFORMATION:
BIRTHDAY: _ _ _ _ _ _ _ _ _ _ CANADIAN S.I.N.: _ _ _ _ _ _ _ _ _ _ <small style="margin-left: 10px;">Day Month Year</small>
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
MARITAL STATUS: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married/Cohabitant <input type="checkbox"/> Other
CITIZENSHIP: (check one only) <input type="checkbox"/> Canadian Citizen OR <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> Student Authorization <input type="checkbox"/> Other _____
If you did NOT check Canadian Citizen, please complete the following: Country of Citizenship: _____
FIRST LANGUAGE: (check one only) <input type="checkbox"/> English or <input type="checkbox"/> Other (specify) _____

I initially heard about The King's University through: (Check as many as apply.)

- Billboard Ad Faculty or Staff Family Friend King's Website Previous King's Student Print Ad
 Radio Ad School Contact Other Internet Source
 Other _____

If you wish to declare that you are an Aboriginal person, please specify:

- Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

ALBERTA ADVANCED EDUCATION AND TECHNOLOGY 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.

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-7145 or your institution's Registrar's Office.

- Term 1:** _____
Course Code and Number _____ Course Title _____
- Term 2:** _____
Course Code and Number _____ Course Title _____

DECLARATION OF APPLICANT

Read this Declaration carefully before signing. This must be signed by the applicant only.

I understand that documents submitted to The King's University become the property of the University and that neither the originals nor copies will be released to me or anyone outside the University. If I am not admitted or do not attend, I understand that the application, transcripts and other supporting documents may be destroyed at the discretion of the Registry. If I wish to reapply, I understand that a new set of documents may be required.

I certify that all statements made in connection with this application are true and complete in all respects, and that no information has been withheld. I understand that falsifying or omitting documents or omitting information on this application will result in immediate and permanent dismissal from King's and the placement of my name on *Document Alert*, a warning notification list used by Canadian post-secondary institutions. Falsified documents may be referred to appropriate government authorities. The University reserves the right to refuse admission or cancel any admission ruling on medical or other grounds. Completion of this application gives express permission to The King's University to request from other institutions any applicant transcripts in addition to those already submitted.

I acknowledge that the information on this application is required to determine my eligibility for admission and will be used to contact me regarding King's programs and services. If admitted, it will form part of my student record and will be disclosed to relevant academic and administrative departments. Specific data elements will be disclosed to federal and provincial governments to meet reporting requirements.

I agree, if admitted to The King's University, to comply with all rules and regulations of the University.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Supporting Documents Attached: High School Transcript Post-Secondary Transcript(s)

ADMISSION: _____
Admission Officer _____ Date _____

The King's University 9125 50 Street Edmonton, AB T6B 2H3 Phone: (780)465-3500 Fax: (780)465-8321