

# REQUEST FOR ADMISSION CREDIT COURSES ONLY



CONTINUING EDUCATION

PROGRAM NUMBER

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PROGRAM NAME \_\_\_\_\_

## A. PERSONAL INFORMATION

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

## B. PERMANENT ADDRESS

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

## C. OTHER INFORMATION

Place of permanent residence on Jan. 1, 2020	1 <input type="checkbox"/> Province of Québec	2 <input type="checkbox"/> Elsewhere in Canada	3 <input type="checkbox"/> Outside Canada
City/Town	Province	IF OUTSIDE CANADA: Please specify country	
Place of birth: If Canada			
Legal Status of Residence in Canada:			
<input type="checkbox"/> Canadian Citizen Specify:			
1 <input type="checkbox"/> Canadian	2 <input type="checkbox"/> First Nations	3 <input type="checkbox"/> Inuit	
<input type="checkbox"/> Other Specify:			
4 <input type="checkbox"/> Permanent resident	7 <input type="checkbox"/> Member of diplomatic family		
5 <input type="checkbox"/> Student visa	8 <input type="checkbox"/> Refugee		
6 <input type="checkbox"/> Other	9 <input type="checkbox"/> Temporary work permit		
Country of citizenship (if other than Canada):	Official Document	Father's family name (even if deceased)	
		Father's given name (even if deceased)	
		Mother's maiden name (even if deceased)	
		Mother's given name (even if deceased)	
		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