

REQUEST FOR ADMISSION CREDIT COURSES ONLY



PROGRAM NUMBER

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CONTINUING EDUCATION

PROGRAM NAME _____

A. PERSONAL INFORMATION

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

B. PERMANENT ADDRESS

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

C. OTHER INFORMATION

Place of permanent residence on Jan. 1, 2021			
1 <input type="checkbox"/>	Province of Québec	2 <input type="checkbox"/>	Elsewhere in Canada
		3 <input type="checkbox"/>	Outside Canada
Place of birth: If Canada		IF OUTSIDE CANADA: Please specify country	
City/Town	Province	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal Status of Residence in Canada:			
<input type="checkbox"/> Canadian Citizen <i>Specify:</i>			
1 <input type="checkbox"/>	Canadian	2 <input type="checkbox"/>	First Nations
		3 <input type="checkbox"/>	Inuit
<input type="checkbox"/> Other <i>Specify:</i>			
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	
<input type="text"/>		<input type="text"/>	
Father's family name (even if deceased)			
<input type="text"/>			
Father's given name (even if deceased)			
<input type="text"/>			
Mother's maiden name (even if deceased)			
<input type="text"/>			
Mother's given name (even if deceased)			
<input type="text"/>			
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