

PROGRAM (Please check one):

- | | | | |
|--|--|---|--|
| <input type="radio"/> English as a Second Language | <input type="radio"/> Academic Upgrading | <input type="radio"/> Integrated Training | <input type="radio"/> Education Assistant |
| <input type="radio"/> Accounting Assistant | <input type="radio"/> Criminal Justice | <input type="radio"/> Human Services | <input type="radio"/> Trades - Plumber |
| <input type="radio"/> Practical Nursing | <input type="radio"/> Health Care Aide | <input type="radio"/> Dental Assistant | <input type="radio"/> Trades - Electrician |

PERSONAL INFORMATION

Legal Last Name

Legal First Name

Middle Initial

Columbia College Student Number: _____

Primary Phone

Alternate Phone

area code

area code

E-mail Address

INFORMATION REQUIRED, DECLARATION, AND SIGNATURE

Please check and ensure you have completed each of the below and attach them together to submit to the Registrar's Office.

- Completed Readmission Application Form
- Reapplication Letter
- Supporting Documentation

DECLARATION OF APPLICANT

The information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act. I understand that all documentation submitted in support of this or any subsequent application for readmission becomes the property of Columbia College and will not be returned to me. The information will become part of my student record and will be disclosed to relevant Columbia College departments for the purposes of administration of policies, procedures, programs, services, registration, tax receipts, graduation, follow-up educational information, and research and alumni programming. In addition, I authorize Columbia College to disclose or request information to and from the federal and provincial governments to meet reporting requirements and to determine eligibility for services and funding. For more information regarding the collection and use of this information, contact the Privacy Office at Office of the Registrar, 802 Manning Road NE, Calgary, AB, T2E 7N8, E-mail: registrar@columbia.ab.ca.

In submitting this application, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to Columbia College and if it occurs or is discovered after admission, may be expelled from Columbia College.

Applicant's Signature

Date Signed

FOR OFFICE USE ONLY

Completed by:

Date

Approved

Not Approved

Notes: