

802 Manning Road NE Calgary Alberta T2E 7N8

Phone: 403-235-9300 or toll free 1-888-235-9370

Fax: 403-272-3805 [www.columbia.ca](http://www.columbia.ca)

**PROGRAM (Please check one):**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Health Care Aide | <input type="checkbox"/> Employment Training | <input type="checkbox"/> Academic Upgrading | <input type="checkbox"/> English as an Additional Language |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Education Assistant | <input type="checkbox"/> Social Services    | <input type="checkbox"/> Practical Nurse                   |

**PERSONAL INFORMATION**

Legal Last Name

Legal First Name

Middle Initial

Columbia College Student Number

Primary Phone

Alternate Phone

Email Address

**REQUIRED INFORMATION**

1. In your previous studies at Columbia College, have you ever been placed on probation? ☐ Yes ☐ No
2. Do you have any outstanding fees owing? ☐ Yes ☐ No
3. Please provide a letter on the next page explaining the following:

The reason(s) why you withdrew or were withdrawn

What has changed since you left

Why you think you would now be successful in a program.

Please attach any relevant documentation (plane tickets, medical letter, etc.) that supports your explanation.

These documents should show that the reason/s why you withdrew or were withdrawn no longer exists. Copies of documents, and not your originals, should be provided to support your explanation.

READMISSION LETTER (Please write your letter below. If more space is needed, please attach a separate sheet of paper)

DECLARATION AND SIGNATURE

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, email: [registrar@columbia.ca](mailto:registrar@columbia.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.

This application, along with all supporting documentation, should be submitted to the Student Services Manager. It may be emailed to: [laurie.opitz@columbia.ca](mailto:laurie.opitz@columbia.ca) or dropped off at 802 Manning Road NE, Calgary.

Applicant's Signature:

Date Signed

FOR OFFICE USE ONLY

Completed By:

Date

☐ Approved

☐ Not Approved

☐ Reviewed by committee