



## Student Registration Form

Please provide all details below.

\*When completing the Student Registration Form, it is mandatory to fill each section. Incomplete forms will delay the process of your application.

<b>Program Applied for:</b>	<b>Program Start Date:</b>
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**Schedule Preference:**

- Mon-Fri 9:00 am - 2:00 pm
                         
  Mon-Fri 4:30 pm - 9:30 pm
                         
  Weekends 9am – 5pm

\*Evening and weekend classes are available upon requests and dependent on class size.

*How did you hear about this program at College of Technology Alberta?*

- Facebook/ Instagram /LinkedIn     
  College Website     
  Word of Mouth     
  Brochure  
 Radio     
  Newspaper     
  Open House     
  Television

PERSONAL DETAILS:		
Last Name:	First Name:	
Middle Name:	Former Middle Name (If applicable):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate:	
Address:		
City:	Province:	Postal Code:
Phone Number:	Email Address:	
Place of Birth:	Citizenship Status: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/> Other. Please specify: _____	
Are you a person with disability/special needs that requires special considerations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status: <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Single <input type="checkbox"/> Other		
Alberta Student Number (ASN) (if known):		

Emergency Contact Name:	Relationship:
Phone Number:	Email:

## ACADEMIC DETAILS:

Have you completed your High School Education? Yes <input type="checkbox"/> No <input type="checkbox"/>		Year Completed _____		
Are you currently attending High School? Yes <input type="checkbox"/> No <input type="checkbox"/>		Expected Graduation Date _____		
Last High School Attended or Attending?				
Name:				
City:		Province	Country:	
Highest level of Education -				
Post- Secondary Education – Name of Institution	Location	Year of Graduation	Credentials (Certificate/Diploma/Degree)	GPA

## DECLARATION AND CONSENT TO RELEASE INFORMATION:

I hereby confirm that the information provided herein is accurate, correct, and complete and that the documents submitted along with this registration form are true.

I have read and understand all of College of Technology Alberta's policies and procedures, including the Refund Policy, College Program Application and Admission Policy, and the Student Guide as displayed on the following webpage: <https://ctalberta.ca/pages/forms>

I authorize College of Technology Alberta to use my personal information collected on this form for admission purposes only and acknowledge that it is authorized under section 33© of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed in accordance with the Act. I authorize to disclose relevant personal information about me collected on this form, as required:

- To affiliated service providers for the purpose of confirming my enrolment status to determine my eligibility for admission
- To Alberta Advanced Education and Technology to maintain enrolment
- To my funding agency(ies), as required, to confirm my eligibility for funding or continued funding
- To authorize College of Technology Alberta to send a copy or record of this consent to any of the institutions from whom College of Technology Alberta will be collecting transcripts
- By signing below, you agree to the terms listed above

**Student's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

## How to Submit your Application?

1. Submit a completed Student Registration form by email to [admin@ctalberta.ca](mailto:admin@ctalberta.ca). Please enclose a non-refundable registration fee of \$80.00 CAD. The application cannot be processed until payment is received.  
Payment options: Via e-transfer \$80.00 CAD to [admin@ctalberta.ca](mailto:admin@ctalberta.ca) or in-person (appointment only) with Bank Draft in name of College of Technology Alberta.
2. Official transcripts and Certificates must be submitted with your registration form.
3. Submit a copy of Government Issued ID along with your Registration form.

## For Office Use Only

Application Fee Received _____		Initials _____		Date _____		Receipt Number _____	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Conditional Acceptance	<input type="checkbox"/> Waitlisted	<input type="checkbox"/> Denied				
Conditions:							
Authorized by:							