

CONFIDENTIAL

FOR INTERNAL USE ONLY	
ENGL REC:	_____
MATH:	_____
COMMENTS:	

DATE OF INFORMATION SESSION: _____
 DATE TESTED: _____
 TRANSCRIPTS RECEIVED: YES ____ NO ____
 TARGET PROGRAM: _____

MOUNT ROYAL UNIVERSITY ID #: _____ ALBERTA STUDENT #: _____

INDIGENOUS UNIVERSITY BRIDGING PROGRAM



MOUNT ROYAL
 UNIVERSITY
 1910

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Preferred name? (if applicable)		

PERMANENT ADDRESS (print clearly)

Street/Box Number	E-Mail:
City / Province	Postal Code
Telephone – Home	Telephone – Cellular or Business (please circle)
Birthday (day / month / year)	Marital Status: Dependants:
What First Nation or Métis Area are you from? _____	Do you need to find childcare? YES NO
	Do you intend to apply for funding? YES NO If yes, to whom?
Check the box that best applies to you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status	
Emergency Contact: Name :	Phone(s):

**Please notify us of any changes to your phone number, email or address.
 It is your responsibility to keep your contact information up to date.**

How did you hear about the Indigenous University Bridging Program?

When was the last time you attended school and where? What level / grade did you achieve?

Have you ever experienced difficulty learning? Explain.

What future post-secondary **credit** program are you aiming for? (ie. Nursing, Education)

Where is the program offered?

Identify the course requirements and minimum grades needed for admission.
(Refer to the handout in your information package):

English 30-1 @ %,

Minimum average is % Additional Requirements?

Is there anything else you would like us to know about yourself (background, goals, reasons for pursuing your education, etc)?

The information that you provide on this application form is collected under the authority of the Colleges Act and Freedom of Information and Protection of Privacy Act, Section 33(c). It will be used to determine your eligibility for admission to a program of studies at Mount Royal College, to facilitate your enrolment, to determine Indigenous Ancestry, to allocate and audit funding sources, and to facilitate program research. It may also be used to advise you of other College programs and services that may be of interest to you. It may be disclosed to Statistics Canada to comply with the Statistics Act (Canada), to Alberta Advanced Education and Career Development for statistical, funding, planning and research purposes. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, contact FOIP Advisor, (403) 440-5932.

Signature: _____ **Date:** _____