

Student Application

Date:

Aboriginal Partner Information

Aboriginal Institute: Campus:

Applicant Information

Full Name: D.O.B.:
*Last First M.I. DD-MM--YY*Address:
Street Address Apartment/Unit #
*City Province Postal Code*Phone: Email: SIN: Gender: Male Female OtherAboriginal Decent: Inuit Metis Other:
*First Nation (please specify)*Program Name: Semester:
*select from list*Returning Student: Y N Student Number:

Payment Information

Funding Type: OSAP Sponsored Other:

Admission Type (Office Use Only)

Transcript MST GED Other: