

Application for Admission

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Student number: Complete this Application for Admission in black or blue ink and ensure it is signed. Please note that incomplete applications will not be processed. Please submit this signed Application for Admission to: Office use only Office of the Registrar, Box 2799, 500 College Drive, Whitehorse, YT, Y1A 5K4 Student Information Preferred first name Legal last name First name Middle name Former last name Mailing address City/Province/Territory Postal code Email address Cell phone number Home phone number Work phone number) Mail Email Phone please choose one: Cell Home Work Please check your preferred method of communication: **Biographical Information** Birthdate (DD/MM/YY) Gender Citizenship status Country of citizenship Other (() Canadian or Permanent Resident Yukon College is dedicated to Aboriginal student success. I wish to declare Aboriginal identity (optional): Yukon First Nation Other First Nation Inuit OMétis Please contact me regarding Aboriginal student support and services **Program Choice** Program name (1st choice) () Fall term Beginning September () Winter term Beginning January () Full-time Spring/Summer term Beginning May () Part-time Program name (2nd choice) Fall term Beginning September Winter term Beginning January Full-time Part-time Spring/Summer term Beginning May Have you ever taken or applied to take a course at Yukon College? (Includes both Academic and/or Continuing Education courses) Yes No Yukon College student number (if known): **Education History** High school graduates or students who have completed some high school: Contact your high school and have them send us an OFFICIAL copy of your transcript. Current high school students: If you are currently in Grade 12, please submit your interim transcript and a copy of your most recent report card. Also, arrange with your high school to have your final OFFICIAL transcript sent to the Office of the Registrar when it becomes available. Applicants with post-secondary education: Arrange to have your OFFICIAL transcripts from all previously attended post-secondary institutions and high schools sent to Office of the Registrar, Yukon College. If you attended any elementary or high school in Yukon, please select from the following list (optional): I attended elementary school in Yukon: (in a rural Yukon community) Whitehorse I attended high school in Yukon: O in a rural Yukon community Whitehorse

D	Education History continued						
	High school transcripts: Attached Will forward Post-secondary transcripts: Attached Will forward						
	High school last attended	City and Province/Territory	Cour	itry (if not Canada)	Dai Fro	tes attended (DD/MI om:	M/YY) To:
Degree, diploma, certificate completed							
	Post-secondary institution last attended	City and Province/Territory	Cour	itry (if not Canada)		tes attended (DD/MI om:	M/YY) To:
	Degree, diploma, certificate completed						
E F	Collection, Use and Disclosure of Student Information Personal information collected from applicants will be held and used in accordance with the Yukon Access to Information and Protection of Privacy Act (ATIPP) and the Yukon College Information Access and Privacy Protection policy. This information will be used for admission, registration, fee collection, and maintenance of your student record and other purposes consistent with the mandate of the institution. Information is shared with the Yukon College Student Union. The personal information you provide is also used for authorized statistical and research purposes. Students who would like Yukon College to release financial and/or academic information to an individual, a parent, or an agency external to the College must give the College written permission to release that information. At the time of registration, students may authorize the release of specific information to individuals or organizations. Please refer to the Yukon College Information Access and Privacy Protection Policy at www.yukoncollege.yk.ca for more information on the use of student information. If you have any questions about the collection, use, and disclosure of student information, please contact the Office of the Registrar at 867.668.8710. Declaration I declare that the information given in this application and supporting documents is complete and correct. I authorize Yukon College to verify any information provided as part of this application. I understand and acknowledge that documents submitted as part of this application will not be returned. I understand and						
acknowledge that it is my responsibility to be aware of, and comply with, all Yukon College policies and procedures. Admission to Yukon College programs is subject to assessment of qualifications and availability of seats.							
	Applicant's signature				Date signed (DD/MM/YY)		
Η	Office Use		,				
	Student number:	Date received (DD/MM/YY)		Holds	Prob	ation	SPAIDEN