

PLEASE MAIL APPLICATION FORM TO:

**University nuhelot'ine thaiyots'ï nistameyimâkanak Blue Quills
Attn: Registrar Department
Box 279
St. Paul, AB T0A 3A0
Canada**

OR FAX TO: 780-645-4730

Did you forget to include the following information with application form?

Application Fee \$ 100.00 (Non-refundable)
(Please do not sent cash through postal service)

(To receive transcript request forms, please contact the educational institution you attended or call our Registrar's Department, we may have a copy on file)

Steps to Application Process

1. **Blue Quills Application for Admission Form**
2. **Blue Quills Application Fee - \$100.00**
3. **Official Transcripts (All transcripts-** sent directly from the educational institution to Blue Quills)
4. **Accuplacer Testing** (Please call the **Librarian**, to schedule an appointment)
5. Program Supplemental Questionnaire
6. Two (2) Reference Letters (Required for L & M Program)
7. Personal Statement & Three (3) Letters of Recommendation (Required for B.Ed Program)
8. Application Package (Required for DOSW, ELCC, MIL & BA in CREE Programs only)
9. Interview with Coordinator (Please call to arrange interview)
10. Written Sponsorship Confirmation
11. Any other information specifically requested by program (contact the Registrar's Department for more information)

Other steps will depend on program you are applying for. The Registrar's Department will inform you of individual program requirements.

If you have any questions regarding the Application Form and procedure, please feel free to contact our Registrar's Department.

NOTE: APPLICATIONS CANNOT BE PROCESSED UNTIL ALL OFFICIAL TRANSCRIPTS AND APPLICATION FEE ARE RECEIVED.



APPLICATION FOR ADMISSION

SPECIFY PROGRAM YOU ARE APPLYING FOR: _____

Program Start Date: Fall Year: _____ Winter Year: _____ Spring Year: _____ Full-time Part-time

Have you previously applied to or, attended University n Blue Quills?

No Yes Program: _____ Year: _____

PERSONAL INFORMATION

Name _____ Previous Surname (if Applicable): _____
First Middle Last

Gender: Male Female Other Date of Birth: ____/____/____
month day year

Address _____ City _____ Prov. _____ Postal Code ____ - ____

Telephone _____ (Cell) _____ E-mail Address _____

Contact Person in case of Emergency: _____ Contact's Phone #: _____

Status: Treaty Non-Status Metis Other Band Name _____ Treaty # _____

FORMAL EDUCATION HISTORY

| Name of High School (list most recent first) | Province/State/Country | Grade Completed | From mm/yyyy | To mm/yyyy |
|---|------------------------|-----------------|-----------------|---------------|
| | | | | |
| | | | | |

| Name of Post-Secondary Institution | Province/State/ Country | From mm/yyyy | To mm/yyyy | Diploma/Degree/Credential Earned | Date Conferred |
|---------------------------------------|----------------------------|-----------------|---------------|-------------------------------------|-------------------|
| | | | | | |
| | | | | | |

FINANCIAL ASSISTANCE

MY TUITION WILL BE PAID BY: SELF SPONSOR

Sponsor's Name: _____

Address: _____ City: _____

Prov: _____ Postal Code ____ - ____

Phone: _____ Fax: _____

Contact Person: _____ Ext: _____

(For Office Use Only)

BQ ID #:

Receipt #:

Cheque #:

NOTE:
 Certified Cheque or Money Order should be made payable to "University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills". Fees must be paid at the time of registration. Sponsored students must provide proof of sponsorship when registering.

FEE ASSESSMENT

(Non-refundable)

Application Fee \$100.00 Date Paid _____

Cash Certified Cheque Money Order

DECLARATION

The information I have provided is true and complete in all aspects. I understand that the personal information collected on this form will be maintained as part of a student record and will be used for the purpose of admission, registration, and for operating the programs and activities of the University. I further understand that the University will ensure the protection of personal information against such risks as unauthorized access, collection, use, disclosure or destruction.

Signature: _____ Date: _____

Box 279, St. Paul, AB T0A-3A0

Toll Free 1-888-645-4455 or (780) 645-4455 * Main Fax: (780) 645-5215 Registrar's Fax: 780-645-4730

E-mail: registrar@bluequills.ca Visit us at: www.bluequills.ca