

**PLEASE MAIL APPLICATION FORM TO:**

**University nuhelot'ine thaiyots'i 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 (per program) email e-transfer to [mariep@bluequills.ca](mailto:mariep@bluequills.ca)**
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
7. Interview with Coordinator (Please call to arrange interview)
8. Written Sponsorship Confirmation
9. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN # \_\_\_\_-\_\_\_\_-\_\_\_\_  
month day year (Required)

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: \_\_\_\_\_