



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 nuhelot'ine thaiyots'į nistameyimâkanak 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/Metis # _____

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: _____

Province: _____ 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'ine thaiyots'į 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 E-transfer
 Money Order Credit Card

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: _____

Typing your name works as your signature.