PLEASE MAIL APPLICATION FORM TO:

Blue Quills First Nations College Attn: Registrar Department Box 279 St. Paul, AB TOA 3A0 Canada

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

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

(**To receive transcript request forms,** please contact the educational institution you attended or call our Registrar's Department, we <u>may</u> 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** & have them 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 only)
- 7. Application Package (Required for SWD, ECD & CREE LANGUAGE Programs only)
- 8. Interview with Coordinator (Please call to arrange interview)
- 9. Written Sponsorship Confirmation
- 10. 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 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.



BLUE QUILLS FIRST NATIONS COLLEGE

APPLICATION FOR ADMISSION

SPECIFY PROGRAM YOU AR										
Program Start Date: Fall Year: Winter Year: Spring Year: Full-time Part-time										
Have you previously applied to or, attended Blue Quills College?										
□ No □ Yes Program:	Yes Program: Year									
PERSONAL INFORMATION										
Name Previous Surname (if Applicable):										
First Middle	Last Other Detect Right									
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		Province/State/Country Grade Completed						From	To	
(list most recent first)		Trovince	Frovince/State/Country			rauc C	ompieteu	mm/yyyy	mm/yyyy	
Name of Post-Secondary Institution	Province Cour		From mm/yy		To mm/y			egree/Credential Earned	Date Conferred	
FINANCIAL ASSISTANCE MY TUITION WILL BE PAID BY: SELF SPONSOR SPONSOR BQ ID #: Certified Cheque or Money Order should be made payable to: made payable to:										
								"Blue Quills First Nations College."		
Sponsor's Name: City:				Receipt #: Cheque #:				Fees must be paid at the time of registration. Sponsored students must provide proof of sponsorship when registering.		
Province: Postal Code FEE ASSESSMENT										
Phone: Fax: Application Fee \$100.00 Date Paid_										
							Money Order \square			
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 College. I further understand that the College will ensure the protection of personal information against such risks as unauthorized access, collection, use, disclosure or destruction.										
gnature: Date:										
Box 279, St. Paul, AB T0A-3A0	Toll Free 1-888- 645-4455 Registrar's Fax: 780-645-4730						Phone (780) 645-4455 * Main Fax: (780) 645-5215			

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