

# LINC APPLICATION

## Office of the Registrar

Room 1-205, 10215 108 Street NW  
Edmonton, Alberta, Canada T5J 1L6  
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### INSTRUCTIONS

Complete all fields. Indicate "N/A" if not applicable to you.

FOR OFFICE USE ONLY			
STUDENT ID #	DATE RECEIVED	ENTERED BY	PR CARD VERIFIED <input type="checkbox"/>

### PROGRAM DATA

LINC Downtown Full Time, Mornings Full Time, Afternoons Part Time, Evening	LINC Hybrid LINC ASL LINC Works, Mornings LINC Works, Afternoons LINC Volunteer	LINC Online XLST Language & Settlement Training (Rural Part-Time)	Location: _____
Have you previously applied to or attended NorQuest College?		Yes	No
APPLYING TO BEGIN (Check one only)			YEAR
Fall (Sept-Dec)	Winter (Jan-Apr)	Spring (May-Aug)	

### PERSONAL DATA

FIRST NAME / GIVEN	LAST NAME / SURNAME	MIDDLE NAME (LEGAL)
FORMER / MAIDEN NAME	COMMONLY USED FIRST NAME	BIRTHDATE YEAR MONTH DAY
GENDER Male Female Other	MARITAL STATUS Single/Never Married Married/Cohabitant Other (Widowed/Divorced)	

### Home Address

### Mailing Address (if different from Home Address)

STREET ADDRESS			STREET ADDRESS		
APT. NO.	CITY / TOWN		APT. NO.	CITY / TOWN	
PROVINCE	POSTAL CODE	COUNTRY	PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE - HOME	TELEPHONE - OTHER		<b>EMAIL ADDRESS</b>		
EMERGENCY CONTACT - NAME			EMERGENCY CONTACT - TELEPHONE		

### CITIZENSHIP DATA

IMMIGRATION NUMBER	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP
IMMIGRATION CATEGORY	COUNTRY OF RESIDENCE (Prior to Canada)	INITIAL DESTINATION
DATE OF ENTRY INTO ALBERTA YEAR MONTH DAY	DATE OF LANDING (Enter EXACT date from PRC) YEAR MONTH DAY	DATE OF ENTRY INTO CANADA YEAR MONTH DAY
FIRST LANGUAGE SPOKEN	OTHER LANGUAGES SPOKEN	

Turn over to complete form →

2020.03

## EDUCATION RECORD

HIGHEST GRADE COMPLETED (Check one only)												TOTAL YEARS OF EDUCATION	
1	2	3	4	5	6	7	8	9	10	11	12		

### HIGHEST EDUCATIONAL LEVEL ACHIEVED

Less than High School Journeyman Certificate	High School Diploma Bachelor Degree	GED Master's Degree	Certificate Doctoral Degree	Diploma
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ORIGINAL OCCUPATION (IN HOME COUNTRY) (Select one)	CURRENT OCCUPATION (Select one)	GOAL OCCUPATION (Select one)
Accounting/Finance Administration/Office Computers/IT Custodial Customer Service Education/Childcare Engineering Healthcare/Dental Homemaker Law/Military Restaurant/Hospitality Student Trades Other Unemployed	Employed: Accounting/Finance Administration/Office Computers/IT Custodial Customer Service Education/Childcare Engineering Healthcare/Dental Homemaker Law/Military Restaurant/Hospitality Student Trades Other  Unemployed: Looking Not Looking	Accounting/Finance Administration/Office Computers/IT Custodial Customer Service Education/Childcare Engineering Healthcare/Dental Homemaker Law/Military Restaurant/Hospitality Student Trades Other

### Students With Disabilities

I want to access learning supports because I have a disability or serious health concerns. I understand I will be contacted by a NorQuest College Student Support Specialist to discuss my needs.

WHAT INFLUENCED YOU TO APPLY? (Indicate one only)

Website Counsellor	Radio Open House	Newspaper Friend/Relative	Current Student Former Student	Career Fair Other	High School Visit/Tour Community Agency Visit/Tour
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### Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the *Post-secondary Learning Act* and section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and awards, convocation, sending educational information, library services, emergency notification, and for college research and planning. Certain personal information may also be disclosed to Statistics Canada to comply with the *Statistics Act*; Immigration, Refugee and Citizenship Canada and Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; the Students' Association for the purposes of membership, fee collection, and contacting students; and to the Alumni Association for the purposes of membership and information sharing. For information about the collection, use, and disclosure of this information, contact the NorQuest Regulatory and Compliance Coordinator at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

### DECLARATION OF APPLICANT

I acknowledge the FOIP statement above, and verify that all information contained on this form is true and complete and that no relevant information has been withheld and that if I have misrepresented myself in any way my application for admission may be denied. I agree, if admitted to NorQuest College, to comply with the policies, rules and regulations of the College, or I may be withdrawn. I understand the use of the information that I have provided will be used in compliance with the FOIP legislation. If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institution. I also authorize NorQuest College to exchange my records with collaborating institutions. NorQuest College reserves the right to refuse admission or cancel any admission ruling.

SIGNATURE OF APPLICANT	DATE
	YEAR MONTH DAY

FOR OFFICE USE ONLY – TEST RESULTS					
L	S	R	W	Test Date (yyyy-mm-dd)	Source