



Office Use Receipt: _____

File #: _____

Office of Enrolment Management and Registrar
9125 - 50 Street, Edmonton, Alberta, Canada T6B 2H3
Phone: (780)465-3500 or (800)661-TKUC (8582) Fax: (780)465-8321
admissions@kingsu.ca or registrar@kingsu.ca <http://www.kingsu.ca>

Application For Dual Credit Course

Have you previously applied to The King's University? ☐ Yes ☐ No

If yes, King's Student Identification Number: | _____ |

NAME:

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____

Surname or Family Name

First Name

Middle Initial

Preference Name

Former Surname(s) (if applicable)

SIN #: (for tax receipting purposes) _____

CURRENT ADDRESS:

Apt. #

Street

City

Province

Postal Code

Country

Telephone

OTHER TELEPHONE: _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACT:

Name _____ Telephone _____ Relationship _____

STATISTICAL INFORMATION:

BIOGRAPHICAL AND CITIZENSHIP INFORMATION

BIRTHDATE: _____
Day Month Year

GENDER: ☐ Male ☐ Female

CITIZENSHIP: (check **one** only)

☐ Canadian Citizen - OR -

☐ Permanent Resident of Canada

☐ Student Authorization

☐ Other _____

If you did NOT check Canadian Citizen, please complete the following

Country of Citizenship: _____

FIRST LANGUAGE: (check one only) ☐ English or ☐ Other (specify) _____

ACADEMIC INFORMATION

High School: Name _____ City _____ Province/Country _____

Attended _____ to _____ Grade enrolled in (as of Sept. 2016): ☐ Grade 10 ☐ Grade 11 ☐ Grade 12
MM/YYYY MM/YYYY

Alberta Student Number (required for admission) _____

English Proficiency (enrolled in or completed) ☐ ENGL 20-1 or ☐ ENGL 30-2 or ☐ ENGL 30-1

YEAR AND TERM AND COURSE

I wish to take BUSI 200 during:

☐ Summer 2017 (July)

☐ September 2017 (Sept. – Dec.)

DECLARATION OF APPLICANT

Read this Declaration carefully before signing. This must be signed by the applicant only.

I understand that documents submitted to The King's University become the property of the University and that neither the originals nor copies will be released to me or anyone outside the University. If I am not admitted or do not attend, I understand that the application, transcripts and other supporting documents may be destroyed at the discretion of the department of Enrollment Management and Registrar. If I wish to reapply, I understand that a new set of documents may be required.

I certify that all statements made in connection with this application are true and complete in all respects, and that no information has been withheld. I understand that falsifying or omitting documents or omitting information on this application will result in dismissal from King's dual credit course and the potential placement of my name on *Document Alert*, a warning notification list used by Canadian post-secondary institutions. Falsified documents may be referred to appropriate government authorities. The University reserves the right to refuse admission or cancel any admission ruling on medical or other grounds. Completion of this application gives express permission to The King's University to request from other institutions any applicant transcripts in addition to those already submitted.

I acknowledge that the information on this application is required to determine my eligibility for admission and will be used to contact me regarding King's programs and services. If admitted, it will form part of my student record and will be disclosed to relevant academic and administrative departments. Specific data elements will be disclosed to federal and provincial governments to meet reporting requirements.

I agree, if admitted to The King's University, to comply with all rules and regulations of the University.

Signature of Applicant

Date

APPLICATION CHECKLIST [☒] PLEASE READ CAREFULLY.

- ☐ I have read the application form carefully and completed all sections, and I have signed the Declaration section.
- ☐ I understand that as a dual credit student, I have no on-going status at King's and will be required to reapply for subsequent terms.