



APPLICATION FOR ADMISSION

BFA Photographic Arts to BDes Photography

REGISTRAR'S
OFFICE

1407 14th Avenue N.W. Calgary, Alberta T2N 4R3

Telephone: (403) 284-7634

Toll Free: 1-800-251-8290

Facsimile: (403) 284-7644

NOTE: The upgrade to BDes Photography is only available to previous ACAD graduates who have been or will be awarded the BFA in Photographic Arts between 1995 and 2006.

An \$80.00 application fee must accompany this form. Please make your cheque or money order payable to the Alberta College of Art & Design. Do not mail cash.

ACAD ID #

1 PERSONAL

NAME: _____
last first middle

PREVIOUS NAME: _____ MALE FEMALE
if applicable

DATE OF BIRTH: _____ EMAIL: _____
day/month/year

ADDRESS: _____
street / box office

_____ city province postal code

TELEPHONE: () _____ () _____
home work

ACAD ID # (if known): _____

2 NEXT OF KIN *(person to be notified in case of emergency)*

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

TELEPHONE: () _____ () _____
home work

OFFICE USE / APPLICATION STATUS

APPLICATION TERM: _____ STATUS: B4 - Accepted _____

LEVEL: 01 COLLEGE: 02 PROGRAM: POST MAJOR: PHOP DATE ENTERED: _____

COMMENTS: _____

3 PROGRAM INFORMATION

YEAR ACAD DEGREE COMPLETED: _____

OTHER POST-SECONDARY INSTITUTIONS ATTENDED:

NOTE: In order to facilitate evaluations, please list all post-secondary institutions you have attended. You must submit official transcripts from each institution you have attended since graduating from ACAD.

institution/location	program	from date	to date
institution/location	program	from date	to date
institution/location	program	from date	to date

4 OTHER INFORMATION

MARITAL STATUS: SINGLE MARRIED OTHER

LEGAL STATUS: CANADIAN CITIZEN STUDENT VISA
 PERMANENT RESIDENT OTHER VISA

_____ specify

DATE OF ENTRY INTO CANADA (non-Canadians): _____

COUNTRY OF RESIDENCE DURING LAST YEAR: _____

FIRST LANGUAGE SPOKEN: ENGLISH FRENCH OTHER _____
 specify

ACTIVITY DURING LAST YEAR: EMPLOYED STUDENT OTHER _____
 specify

LOCATION: _____

IF YOU ANTICIPATE RECEIVING FINANCIAL ASSISTANCE FOR TUITION (other than family support)
 PLEASE INDICATE SOURCE:

STUDENT LOAN GOVERNMENT DEPARTMENT OR AGENCY _____
 specify

OTHER AGENCY _____
 specify

5 DECLARATION

The information collected on this form is collected under the authority of the Colleges Act, the Freedom of Information and Protection of Privacy Act, the Statistics Act (Canada) and the Taxation Act (Canada). The information will be protected by the provision of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this personal information, please contact the ACAD Registrar.

I acknowledge that the information will be used to create records for the purpose of determining eligibility for admission to the Alberta College of Art & Design and to distribute information about college programs and services. If I am admitted, the information will be part of my student record and will be disclosed to relevant academic and administrative departments for the purposes of registration, operation of ACAD programs and services, providing tax receipts, determining eligibility for scholarships and awards, graduation, distributing follow-up educational information, college research, and college alumni programs. In addition specific elements of information will be disclosed to the federal and provincial governments to meet reporting requirements and to the ACAD Students' Association and other cooperating educational, funding and workplace agencies in accordance with contractual agreements. If granted an award, pertinent information will be released to the donor of the award and/or provincial funding bodies. Credentials awarded to a student are part of the public record and may be disclosed to third parties on request.

I certify that I have read and understood all the instructions and information accompanying this application form and that all statements made in connection with this application are true and complete in all respects. I understand that misrepresentation, falsification of documents, or withholding requested information are serious offences which may result in the cancellation of my admission and registration at ACAD. If I am admitted, I agree to be bound by the rules and regulations in existence or as amended from time to time by the ACAD Board of Governors.

APPLICANT'S SIGNATURE: _____ DATE: _____
 year / month / day

May we release your address and telephone number to the Alberta College of Art & Design's Students Association?

YES NO