



NON-DEGREE / VISITING / MOBILITY STUDENT REGISTRATION FORM

REGISTRAR'S OFFICE

 Fall 20 ____ Winter 20 ____
1407 14th Avenue N.W. Calgary, Alberta T2N 4R3

Telephone: (403) 284-7634

Toll Free: 1-800-251-8290

Facsimile: (403) 284-7644

E-mail: registrar@acad.ca

Non-Degree and Visiting Students must register in person at the Registrar's Office on the date specified in the Academic Schedule. Registration in courses is subject to space availability and meeting the prerequisite level of studio skill and/or academic achievement, as evidenced by a portfolio and/or official transcripts. Transcripts must be submitted with this form. A \$110 application fee will be assessed at the time of registration. Visiting and Non-Degree students who intend to register in studio courses must present a portfolio demonstrating prerequisite skill for the courses sought. This portfolio should be presented at the time of registration.

Mobility Students who have been accepted to study at ACAD must complete this form in order for their registration requests to be considered. No fee is required.

1. CATEGORY OF STUDY SOUGHT (select one)

- A Visiting Student is a student from another recognized post-secondary institution who wishes to complete courses at ACAD to transfer back to his/her home institution. Visiting Students must provide an official transcript and a Letter of Permission from their home institution granting approval for all courses sought.
- A Non-Degree Student is a student who has not been admitted to a program at ACAD but wishes to complete courses at ACAD. Courses in Visual Communications Design and Photographic Arts are not available for Non-Degree study. Non-Degree students who intend to register in Liberal Studies courses must submit official transcripts from their high school or post-secondary institution indicating they meet the prerequisites for the courses sought.
- A Mobility Student is a student who has applied and been accepted to study at ACAD on an approved exchange through his/her home institution.

2. PERSONAL INFORMATION

NAME: _____
last first middle

PREVIOUS NAME: _____ MALE FEMALE DATE OF BIRTH: _____
if applicable day/month/year

ACAD ID # (if known): _____ EMAIL: _____
if known

ADDRESS: _____
street / box office number city

_____ province country postal code

TELEPHONE: () _____ () _____
home work

3. REGISTRATION INFORMATION

Please indicate the course(s) in which you hope to register.

COURSE CODE & NUMBER <i>ie) DRWC 201</i>	CRN <i>20549</i>	SEC <i>A</i>	TITLE <i>Drawing Systems</i>	APPROVAL Program Head/Instructor	DATE

OFFICE USE/SAAQUIK (create application record)

TERM: _____

VISITING?NON-DEGREE: LEVEL: 01 CAMPUS: 1 COLLEGE: 08 DEGREE: 4 PROGRAM: UNCL

MOBILITY: RATE: MOBI LEVEL: 01 CAMPUS: 1 COLLEGE: _____ DEGREE: _____ PROGRAM: _____

MAJOR: NDGR VSTS _____ DATE ENTERED: _____

4. PREVIOUS EDUCATION

MOST RECENT HIGH SCHOOL ATTENDED:

_____ name _____ city _____ dates attended

HIGHEST GRADE COMPLETED: _____ DIPLOMA RECEIVED: YES NO

ALBERTA STUDENT NUMBER (if known): _____

PREVIOUS POST-SECONDARY INSTITUTIONS ATTENDED/ATTENDING (HOME INSTITUTION FOR MOBILITY STUDENTS):

_____ name _____ city _____ dates attended

PROGRAM: _____ HIGHEST LEVEL OBTAINED: _____

5. OTHER INFORMATION

MARITAL STATUS: SINGLE MARRIED OTHER

CITIZENSHIP STATUS: CANADIAN CITIZEN INTERNATIONAL/NON CITIZEN
 PERMANENT RESIDENT

COUNTRY OF CITIZENSHIP (if not Canadian): _____

COUNTRY OF RESIDENCE DURING LAST YEAR: _____

FIRST LANGUAGE SPOKEN: ENGLISH FRENCH OTHER: _____
specify

ACTIVITY DURING LAST YEAR: EMPLOYED STUDENT OTHER: _____
Specify

LOCATION: _____

ABORIGINAL STATUS: INUIT STATUS INDIAN/First Nations
(If you wish to declare) METIS NON STATUS INDIAN/First nations

6. EMERGENCY CONTACT

NAME: _____ EMAIL: _____

ADDRESS: _____

TELEPHONE: () _____ () _____
home work

7. DECLARATION

The information collected on this form is collected under the authority of the Post-secondary Learning 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 provisions of the Freedom of Information and Protection of Privacy Act.

I acknowledge that the information will be used to create records for the purpose of determining eligibility for admission to Alberta College of Art + Design and to distribute information about college programs and services. I understand that all documentation submitted in support of this or any subsequent application for admission, financial award or any appeal or petition becomes the property of the College and will not be returned to me. 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 administration of ACAD policies, procedures and services, registration, providing tax receipts, determining eligibility for scholarships and awards, graduation, distributing follow-up educational information, college research, and college alumni programming. 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 provincial funding bodies. At ACAD, the following information is defined as a student's public record: name, dates of registration and graduation, major and degree/diplomas awarded, and awards received/granted. For more information regarding the collection or use of this information, contact the Registrar at 403 284 7634.

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 / or 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: _____

day/month/year