Maskwacis Cultural College

Academic Application for Admission

Box 960 Maskwacis, Alberta, Canada T0C 1N0
Ph: 780-585-3925   Toll free: 1-866-585-3925
Fax: 780-585-2080   www.mccedu.ca

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**MASKWACIS
CULTURAL COLLEGE**

Non-Refundable Registration Fee of $100 for New Students

Please mark the academic programs by priority, "1" being most preferred, "2" for second option, etc.

UPGRADING Programs

☐	Adult Education Program (AEP)
☐	Adult Literacy Program (ALP)
☐	GED Program/Testing (GED)

Please Circle One: Full Time
                         Part Time

***Please Note:** Upgrading Programs do not require application fee*

CERTIFICATE Programs

☐	Cree Language Teacher Development Program (1/2/3)
☐	Early Childhood Development Program (ECD) Level 1
☐	Early Childhood Development Program (ECD) Level 2
☐	Early Childhood Development Program (ECD) Level 3
☐	Leadership & Administration (L & A)
☐	Teacher Assistant (TA)
☐	University/College Entrance Program (UCEP)
☐	Community Healing Facilitator Training
☐	Information Technology Certificate Program
☐	Maskwacis Administrative Assistant

UNIVERSITY Programs

☐	Indigenous Education Diploma
☐	Education Diploma – ECD
☐	Kakeskimow Kiskinohamakewin Education Degree
☐	Indigenous Arts Diploma
☐	Indigenous Bachelor of Arts –Indigenous Studies
☐	Indigenous Bachelor of Arts – Cree Language
☐	Indigenous Business Diploma
☐	Indigenous Bachelors of Management
☐	Indigenous Social Work Diploma
☐	Indigneous Bachelors of Social Work
☐	Indigenous Masters of Social Work
☐	Open Studies

Applicants Contact Information (Please Print Clearly)

First Name: _____ Middle Name: _____ Last Name: _____

Previous Last Name (If applicable): _____

Date of Birth (DD/MM/YYYY): _____

Gender (circle one):   Female   Male   Other: _____

Address: _____ City/Town/Reservation: _____

Postal Code: _____

Home Phone: _____   Cell Phone: _____
Business Phone: _____
Email: _____

Please mark one of the following options:
o   Status Indian
o   Non-Status Indian
o   Metis
o   Bill C-31   o Inuit   o Non-Indigenous

Band Name: _____
Band Treaty Number (10 digits): _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Relation to Applicant: _____

Emergency Contact Phone Number(s): _____

Academic History

Have you previously taken a course at MCC? ☐ Yes ☐ No	If yes, date last attended:	
Have you previously been funded? ☐ Yes ☐ No	If yes, from where:	
High School:	From:	To:
Adult Education:	From:	To:
College/University:	From:	To:
Other:	From:	To:

Have you ever been suspended, expelled or required to withdraw from a faculty, program or post-secondary institution?

☐ **Yes** ☐ **No**

If yes, please include the approximate dates here: _____

Student who is a youth between the ages of 18 and 24 years old:
Have you had a Permanent Guardianship Order (PGO) between 13-18 years old, OR
Been in care or custody of Alberta Children's Services for at least 18 months between the time you were 13 and 24 years old?

☐ **Yes** ☐ **No**

Student with Disabilities:
Would you like information about services for students with disabilities or serious health conditions? ☐ **Yes** ☐ **No**

Freedom of Information & Protection of Privacy:

The personal information collected on this form, and any other information, collected and maintained as part of a student's record will be used for the purposes of admission, registration, scholarships and awards, convocation, sending educational information and for college research and planning. Certain information will also be disclosed to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Learning to meet reporting requirements. This information is collected pursuant to the Colleges Act and Statistics Act. (Canada). The information provided will be protected under the Freedom of Information and Protection of Privacy Act of Alberta

Declaration of Application:
I certify that the particulars furnished on this application are true and complete in all respects and that no relevant information has been withheld.
I agree, if admitted to Maskwacis Cultural College, to comply with the regulations of the college, and if admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institutions.
I also authorize Maskwacis Cultural College to exchange my records with collaborating institutions. The college reserves the right to refuse admission or cancel any admission ruling.

Signature: _____ **Date**: _____

For Staff Use:
Non-Refundable Registration Fee of $100.00 Paid:
☐ Yes ☐No

Transcripts attached to the application:
☐ Yes ☐No

Assessments Completed:
Math ☐ Yes ☐ No
English ☐ Yes ☐ No
Cree ☐ Yes ☐ No

MCC Student ID: _____
Date application entered on Four Trails (DD/MM/YYYY): _____

Employee Name: _____ Employee Initials: _____