



Stanley Building #2, 101-11748 Kingsway Avenue,
Edmonton, Alberta, T5G 0X5

STAFF USE ONLY

ID# _____
Administrative Professional

ADMINISTRATIVE PROFESSIONAL DIPLOMA PROGRAM APPLICATION FOR INTERNATIONAL STUDENTS

Given Name/s: _____

Family Name: _____ Preferred Name: _____
(a name you wish to be called in school)

Mailing address: _____

City: _____ State: _____ Country: _____

Primary Phone: _____

Alternate Phone: _____

Email ID: _____

Date of Birth: _____

Gender: Male Female Unspecified

Emergency Contact Person: Parent Relative Friend Spouse Other

Name: _____ Phone: _____

Do you have a Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter?

If Yes, please provide **CAQ number** _____ **Expiry Date** _____

EMPLOYMENT :

1. Have you worked with computers or in the clerical field in the past? Yes No
If Yes, for how many years? _____ What is your typing speed? _____ (words per minute)

2. What occupation(s) have you worked in? (Please indicate the number of years' experience in each.)
(Example: hospitality-4 years, clerical-2 years, customer service-2 years)

EDUCATION

3. If you are currently a student, please indicate the program and institution you are enrolled in:

4. Have you achieved your high school diploma or equivalency? Yes No

5. What is your highest level of education? (Example: grade level, bachelor degree, certificates)

6. Where did you hear about the program? (online, agency, friend)

7. Did a Campbell College graduate or current student promote our program to you? Yes No

If Yes, please write the name of the referer. _____

8. Please check the box for the program dates you are interested in:

- February 4, 2019 to September 20, 2019
- April 8, 2019 to November 22, 2019
- June 3, 2019 to January 17, 2020

Campbell College is committed to safeguarding the personal information entrusted to us by our clients.

By providing this information, I consent to Campbell College's use of my personal information in accordance with Alberta's Personal Information Protection Act (PIPA) and other applicable laws required for the purpose of registration and enrolment into all our courses and programs licensed under the Private Vocational Training Act and Regulation.

I certify the information I have provided is accurate and complete to the best of my knowledge and I authorize verification if necessary.

Signature

Print Name

Date

FOR OFFICE USE ONLY:

Alberta Student#: _____