



PERSONAL INFORMATION

Program/Course Name		Program Location		Program Number	
Last Name		First Name	Middle Name(s)	Maiden or Previous Name	
Permanent Mailing Address (P.O. Box/Street)		City/Town/Village	Province	Postal Code	Location of Residence on-reserve <input type="checkbox"/> off-reserve <input type="checkbox"/>
Email Address* (print clearly)			Home / Alternate Telephone ( ) -		
*Providing email gives consent to receiving information/follow-up surveys via email from Northlands College.			Cellular Telephone ( ) -		
Date of Birth (DD-MM-YYYY)		Social Insurance Number (Required)*	Sask Health Number (Optional)		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant/Permanent Resident of Canada <input type="checkbox"/> Other				Office Use Only <b>ENROLMENT INFORMATION</b> <b>Attending    Student Start Date</b>  Full-time <input type="checkbox"/> ( ) Part-time <input type="checkbox"/> ( D D M M Y Y )	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed					
# of dependent children: ( )					
Emergency Contact - Name		Emergency Contact - Phone Number ( ) -			

EDUCATION

Highest Education Completed (please check one)

<input type="checkbox"/> University degree	<input type="checkbox"/> Partial 2 or 3 year diploma	<input type="checkbox"/> Grade 12 / Adult 12	<input type="checkbox"/> Less than grade 10
<input type="checkbox"/> Some university	<input type="checkbox"/> 1 year certificate	<input type="checkbox"/> GED 12	<input type="checkbox"/> Less than grade 7
<input type="checkbox"/> 2 or 3 year diploma	<input type="checkbox"/> Partial 1 year certificate	<input type="checkbox"/> Grade 10 / Adult 10	<input type="checkbox"/> Other: _____

PRIOR ACTIVITY

What was your main province of residence in the last 12 months?  SK  Other \_\_\_\_\_

What was your main source of income/activity in the last 12 months before the start of this program?

<input type="checkbox"/> Receiving Social Assistance	<input type="checkbox"/> Employed
<input type="checkbox"/> Receiving Employment Insurance	<input type="checkbox"/> Student (program: _____)
<input type="checkbox"/> Unemployed - Not receiving SAP or EI	<input type="checkbox"/> Other _____

SELF DECLARATION

The following information is voluntary and will only be used for statistical purposes: (check all that apply)

Indigenous Identity <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Treaty/Status Indian <input type="checkbox"/> Non-Status	Visible Minority <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Band Affiliation (if applicable): _____		

SIGNATURE

I hereby certify that all the information I submit to Northlands College is true and complete. I understand that false information may result in the cancellation of my status as a registered student. Further, I understand that this information is collected under the legal authority of the Regional College Act (1988) and the Local Authority Freedom of Information and Protection of Privacy Act. The information is used for administrative and statistical purposes by Northlands College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada, including the issuance of the Saskatchewan Graduate Tax Credit. \*Enter 999999999 to indicate refusal to provide SIN for this application.

I give permission to any affiliated institution to release a copy of my transcript to Northlands College. I hereby give the college permission to release information about my performance in this program to potential employers and agencies that are funding me or the program.

Please do not use my personal image and information for marketing and promotional purposes.

I agree to abide by the rules and regulations of the institute, including the payment of fees.

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

OFFICE USE ONLY

Office Use Only	<b>STUDENT EXIT INFORMATION</b> (To be Completed by Instructor / Coordinator)	Office Use Only
Student Outcome <input type="checkbox"/>	Please enter <b>one</b> of the following codes: <b>1. Graduated / Successfully Completed</b> (completed all program requirements) <b>2. Completed</b> (stayed to end of program, but did not complete all program requirements)	<b>Last Date Attended</b> ( D D M M Y Y )
If <b>Discontinued</b> , <input type="checkbox"/>	please enter <b>one</b> of the following codes: <b>3.</b> Childcare <b>7.</b> Employment <b>11.</b> Reason Not Given <b>4.</b> Personal <b>8.</b> Family Problems <b>12.</b> Personal Illness <b>5.</b> Deceased <b>9.</b> Financial <b>13.</b> Housing <b>6.</b> Difficulty with Program <b>10.</b> Moved <b>14.</b> Required by College (behavior other than attendance) <b>15.</b> Absenteeism <b>16.</b> Transportation <b>17.</b> Loss of interest	
<b>Please attach Grade Collectors or Student Evaluation forms, if applicable.</b> If grade collector or evaluation form is attached it is not necessary to list the courses on this form.		
Course Name	Mark*	Course Name

\* Please record "inc" for incomplete courses. Registrar will enter marks of 50% or higher as "Complete - Pass" unless otherwise indicated.

Instructor / Coordinator Comments: \_\_\_\_\_

\_\_\_\_\_ **Instructor Signature**      \_\_\_\_\_ **Date**      \_\_\_\_\_ **Coordinator Signature**      \_\_\_\_\_ **Date**