Athabasca University

Aspen View Public Schools

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174

Undergraduate General Application Form

If you require assistance, please contact the Office of the Registrar, Athabasca University.

If you do not know your Alberta Student Number (ASN), please visit the Government of Alberta Education website: education.alberta.ca/students/asn.aspx

FOR OFFICE USE ONLY

SPONSORING CLIENT ID NUMBER

REFERENCE NUMBER

ATHABASCA UNIVERSITY STUDENT ID NUMBER (if applicable)

ALBERTA STUDENT NUMBER (ASN)

Section A: General Information
(please print)

Athabasca University gathers this information on behalf of the institution and/or Alberta Advanced Education and Technology.

Legal Name: _____
LAST FIRST MIDDLE

Former Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: ( ) _____
RESIDENCE

Email: _____
EMAIL

* Advanced Education is collecting this personal information pursuant to Section 33(C) of the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act* as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system efficiencies and develop policies, programs, and services to improve Aboriginal learner success, in addition to other legislation applicable to the educational institution.

For further information, or if you have questions regarding the collection activity, please contact the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Advanced Education, 10155 102 Street, Edmonton, Alberta T5J 4L5. Phone: 780.427.8501

1) I am a student with a disability. (Optional) ☐ Yes ☐ No

2) Do you wish to declare that you are of Aboriginal ancestry within the meaning of the Constitution Act of 1982? If so, please specify*:

☐ Status Indian/First Nation ☐ Métis ☐ Non-status Indian/First Nation ☐ Inuit

3) Gender: ☐ Male ☐ Female

4) Date of Birth: _____
DAY MONTH YEAR

5) Citizenship: Please indicate the country of your citizenship.

☐ Canada ☐ Other (indicate country): _____

If other, and if you currently reside in Canada, please specify your immigration status and provide a photocopy of the relevant immigration document.

☐ Permanent resident/landed immigrant ☐ Study authorization/permit

☐ Other (indicate status): _____

6) First Language: This information is collected to determine English proficiency.
Please select the first language you learned and still understand:

☐ English ☐ French ☐ Other (indicate language): _____

I agree to abide by the rules and regulations of Athabasca University as outlined in the online Calendar, and as they may be amended. I certify that the information I have provided is true and complete in all respects and that no relevant information has been withheld. I agree that Athabasca University retains the rights to nullify my application if the information provided is false or incomplete. Falsification and misrepresentation of credentials or supporting documents is considered an academic offence and penalties may be imposed under Athabasca University's Student Code of Conduct and Right to Appeal Regulations, at calendar.athabascau.ca/undergrad/page11.php.

Student Signature: _____ **Date:** _____