

1. PERSONAL INFORMATION

NAME: _____
last first middle

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

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

ADDRESS: _____
street / box office number city

_____ province country postal code

TELEPHONE: () _____

ALBERTA STUDENT NUMBER (if known): _____

2. OTHER INFORMATION

CITIZENSHIP STATUS: CANADIAN CITIZEN INTERNATIONAL/NON CITIZEN
 PERMANENT RESIDENT

COUNTRY OF CITIZENSHIP (if not Canadian): _____

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

3. APPLICATION DETAILS

APPLICATION FOR:
 SUMMER RESIDENCY PROGRAM (ADRS)

OPTIONS:
 ID CARD REQUIRED (DO NOT CHOOSE IF YOU HAVE AN EXISTING AUARTS ID CARD)

4. EMERGENCY CONTACT

NAME: _____ EMAIL: _____

ADDRESS: _____

TELEPHONE: () _____ (home) () _____ (work)

5. DECLARATION

The information collected on this form is collected under the authority of the Post-secondary Learning Act, the Statistics Act (Canada), the Taxation Act (Canada), and section 33(c) of the Freedom of Information and Protection of Privacy Act. The information collected is 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 University of the Arts (AUArts) and to distribute information about AUArts 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 AUArts 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 AUArts policies, procedures, academic or nonacademic services, registration, providing tax receipts, determining eligibility for scholarships and awards, graduation, distributing follow-up educational information, AUArts research, and alumni relations. In addition, specific elements of information will be disclosed to the federal and provincial governments to meet reporting requirements and to the AUArts 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 AUArts, the following information is defined as a student's public record: name, active registration, and graduation, major and degree/diplomas awarded, and awards received/granted. In the absence of specific provincial legislation and consistent with current practice in other postsecondary institutions in Alberta, information pertaining to a minor who is registered at AUArts will only be used and disclosed in accordance with privacy legislation. Personal information will not be disclosed to or discussed with any guardian or relative without written approval submitted by the individual to whom the personal information pertains. For more information regarding the collection or use of this information, contact the FOIP Coordinator at foip@auarts.ca.

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 AUArts. 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 AUArts Board of Governors.

APPLICANT'S SIGNATURE: _____

DATE: _____

day/month/year

Feb 23 AA

OFFICE USE/SAAQUIK (create application record)

TERM: _____

NON-DEGREE DUAL CREDIT: LEVEL: 01 CAMPUS: 1 UNIVERSITY: 08 DEGREE: 4 PROGRAM: UNCL

RATE: REG MAJOR: DUCR

DATE ENTERED: _____
