



Application for Admission Aboriginal Information & Communications Technologies Diploma

ADMISSION REQUIREMENTS:

To qualify for admission, applicants must meet one of the following requirements:

- 1) Be of Aboriginal ancestry (First Nations, Metis, Inuit)
- 2) Successfully pass an entrance exam – which is schedule after other admission requirements are met.

AND

- 3) Be a graduate of a Canadian High School (or hold a Manitoba Grade 12 or Senior Level 4 equivalent including G.E.D.)

OR

- 3) Be 19 years of age or older and have completed at least one of the following conditions:
 - a) two years of related work experience verified by the employer
 - b) two 300 or 40S level high school courses within the last three years
 - c) 90 hours of course work at a post-secondary institution

GENERAL INFORMATION:

PLEASE PRINT CLEARLY

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Last Name

First Name

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Mailing Address

Birth Date (mm/dd/year)

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City

Postal Code

Email

--	--

Home Telephone

Other Telephone

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Aboriginal Status

FOR OFFICE USE ONLY		
Fee: _____	Method of Payment: _____	Invoice #: _____
Batch #: _____	R.O. Received: _____	Date Processed: _____
Documentation: 1	2: a. b. c.	Processed by: _____

EDUCATIONAL EXPERIENCE: (List most recent first)

Institution

Program

**Certificate/Diploma/Degree
or highest grade achieved**

WORK EXPERIENCE: (List most recent first)

Name of Employer

Position Held

Years

Briefly describe your current professional responsibilities:

Prior Learning (self-study, volunteer, professional training) related to this program area:

What do you hope to gain/achieve through this Diploma Program?

How did you learn about the program?

- Manitoba Education and Training Notice
- Manitoba Education and Training Employment Counsellor
- Friend/Family member Newspaper
- Other (Please specify) Community Agency (Please specify)

Employment Insurance Status

Date unemployed:

Are you currently in receipt of Employment Insurance Benefits? Yes No

If yes, the date your benefits commenced.

If no, did you have a claim which ended in the last 36 months Yes No

OR

a claim which started in the previous 60 months and were paid maternal or paternal benefits? Yes No

All applicants must answers the following questions:

- | | |
|---|-------------------|
| | <i>Circle one</i> |
| 1. Are you a new student at the University of Winnipeg, Division of Continuing Education? | Yes No |
| 2. Have you ever registered at University of Winnipeg in degree-credit studies? | Yes No |
| 3. Have you ever registered at another post-secondary institute? | Yes No |

Freedom of Information Privacy Protection Act (FIPPA) CLAUSE

The University of Winnipeg for admission and registration purposes will utilize personal information collected on this form. It is collected under the general authority of the University of Winnipeg Act, in conformity with, and protected under, the Manitoba Freedom of Information and Protection of Privacy Act. The information will be used to admit you as a student, assign you a student number, register you in classes and record your grades, create your permanent student record and provide you with student privileges (library, athletics). It will also be used for accounting and correspondence purposes related to admission and registration. Elements of your personal information may also be provided to program staff to inform you of program and community events, and to University Relations/University of Winnipeg Foundation for alumni contact purposes. Finally, personal information may be used to conduct research into program enrolment and related statistical profiling activities. If you have any questions about the collection and use of this information please contact:

Krista Krueger, DCE FIPPA Contact
E-mail: k.krueger@uwinnipeg.ca

I declare that I have read and understood the information on this form and that all statements made with respect to this form are true and complete. I understand and I agree to the payment schedule, refund policy and attendance policy of the University of Winnipeg's specific program. I agree, if admitted, to comply with the regulations of the University of Winnipeg.

STUDENT SIGNATURE: _____

DATE: _____