



**Mission:** To inspire lifelong learning and leadership through experience, excellence, and innovation.  
**Vision:** Transforming the future through innovative learning.  
**Values:** We value learner success, integrity, respect, community, excellence and innovation.



## APPLICATION FOR CORRESPONDENCE COURSE

*The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under the Act. Information is collected for the purpose of enrollment in and administration of fire & emergency services program courses. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; [FOIP@lakelandcollege.ca](mailto:FOIP@lakelandcollege.ca)).*

<b>PERSONAL INFORMATION</b> Please print clearly. <i>Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.</i>		
Please indicate: <b>Male</b> <b>Female</b>		
Surname	First Name	Middle Name
Maiden / Former Name (if applicable)	Date of Birth (mm/dd/yyyy)	Student ID#
Mailing Address		
Town / City	Province	Postal Code
Email	Business Number	Cell Number

<b>COURSE INFORMATION</b> Please print clearly. <i>All courses start on the 1<sup>st</sup> day of every month.</i>	
Course Name	Course ID#
Preferred Start Month	Preferred Examination Date <i>Allow 6-8 weeks notification prior to exam date</i>

<b>PROCTOR INFORMATION</b> Please print clearly. Refer to the requirements listed on the OFC website.		
Surname	First Name	Middle Name
Shipping Address		
Town / City	Province	Postal Code
Email	Contact Number	

<b>DECLARATION</b> Please print clearly.	
I confirm that all information on this form is accurate and complete in all respects.	
Signature	Date

INVOICE INFORMATION <small>Please print clearly.</small>		
Purchase Order Number		
Host Department or Company Name	Contact Name	
Mailing Address	Contact Number	
Town / City	Province	Postal Code

PAYMENT INFORMATION <small>Please print clearly.</small>																					
Please choose one of following	<i>Please issue a receipt</i>																				
Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.																				
Credit Card Number																					
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Expiration Date (month / year)	3-digit Security Code																				
Name of Cardholder	Cardholder's Email																				

**EMAIL OR FAX APPLICATION TO:**  
 Lakeland College  
 5707 College Drive  
 Vermilion, AB T9X 1K5  
 Fax: 1 780 853 8594  
 dlearnfire@lakelandcollege.ca

**QUESTIONS?**  
 Phone: 1 800 661 6490 ext. 2054  
 Website: www.lc-etc.ca

OFFICE USE ONLY	
Approved By	Date