



**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 COURSE EXTENSION

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 the 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> <small>Please print clearly</small> <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>		
<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Maiden / Former Name</b> (if applicable)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Student ID#</b>
<b>Mailing Address</b>		
<b>Town / City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email</b>	<b>Contact Number (with area code)</b>	

<b>EXAMINATION INFORMATION</b> <small>Please print clearly</small>	
<b>Course Name</b>	<b>Course ID#</b>
<b>Original Start Date</b>	<b>Original End Date</b>

<b>PAYMENT INFORMATION</b> <small>Please print clearly</small>																
Please choose one of following	<i>Please issue a receipt</i>															
<b>Cheque/Money Order</b> <b>Payable to Lakeland College.</b> Please include payment with your application.																
<b>Credit Card Number</b>																
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																
<b>Expiration Date</b> (month / year)	<b>3-digit Security Code</b>															
<b>Name of Cardholder</b>	<b>Cardholder's Email</b>															

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

**QUESTIONS?**  
 Phone: 1 800 661 6490 ext. 2054  
 Email: [infofire@lakelandcollege.ca](mailto:infofire@lakelandcollege.ca)  
 Website: [www.lc-etc.ca](http://www.lc-etc.ca)

<b>OFFICE USE ONLY</b>	
<b>Approved By</b>	<b>Date</b>