



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).

PERSONAL INFORMATION 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: Male Female		
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

COURSE INFORMATION Please print clearly. <i>All courses start on the 1st 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>

PROCTOR INFORMATION 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	

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

