


<p>Application for Admission</p> <p>Welding Techniques (WTQ) At Alderville</p> <p>January 2014</p>	 <p>Fleming College</p> <p>LEARN BELONG BECOME</p>
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Section A:			
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	<hr/> Last Name	<hr/> First Name	<hr/> Middle Name
	<hr/> Previous Last Name		<hr/> Date of Birth (DD/MM/YYYY)

Section B: Contact Information:				
<hr/> Apt#	<hr/> Street Number and Name	<hr/> City	<hr/> Province	<hr/> Postal Code
<hr/> Email Address		<hr/> Telephone		

Section C: Prior Education (Please note official copies of transcripts will be required)			
Secondary School attended			
Name of School	Date last attended (MM/YYYY)	Level or Credential Achieved	Documents <input type="checkbox"/> Attached <input type="checkbox"/> To follow
Pot-secondary institution attend (if applicable)			

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Individual Privacy Statement (see below). I authorize the release of this information to the Ministry of Colleges, Training and Universities.

<hr/> Applicant Signature	<hr/> Date (YYYY/MM/DD)
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Freedom of Information and Protection of Individual Privacy

The personal information on this application is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990,c.M.19,s.5 and Regulation 770,R.R.O,s.8. The information is used for the administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. If you have any questions regarding the collection and use of this personal information, please contact the Associate Registrar of the College.

Inquiries on your behalf

The basic guideline governing the release of information is based on the Freedom of Information Act and the belief that the college has a responsibility to protect personal information. The college will not release personal information to third parties without the written consent of the student. This applies typically to requests from parents, prospective employers, police forces, credit bureaus, banks and other educational institutions.

Pursuant to the Freedom and Protection of Individual Privacy Act, I hereby authorize Fleming College to release any and all information related to any and all aspects of my application for admission, acceptance, fees or program of studies to the person or consultancy whose name appears below. I certify that the person or consultancy named is my selected representative and has my agreement to access and use this information to assist me to successfully register and access programs at Fleming College.

<u>Name of Person of Consultancy</u>	
<hr/> Email Address	<hr/> Telephone
<hr/> Applicant Signature	

Return form to: Office of Trades and Technology
 Fleming College
 School Liaison Angie Premate
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E:apremate@flemingc.on.ca