

SEVEN GENERATIONS EDUCATION INSTITUTE - APPLICATION FORM

Application Type: Post Secondary Program Course Workshop Training Year: _____
 Name of Program: _____ Are you applying for: Fall Winter Spring Summer

Applying As (please check one):
 High School Graduate High School Equivalency Graduate Undergraduate Degree Mature Student

PERSONAL INFORMATION (please print)

Title: Mr. Mrs. Ms. Miss
 Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ Town/City: _____ Postal Code: _____

Current Residence (if different from above): _____

Home Phone Number: _____ Work Phone Number: _____ Fax Number: _____

Email: _____ Date of Birth(D/M/Y): _____ Gender: M F

SIN or SSN#: _____ Marital Status: Single Married # of dependents _____

Tribal/Linguistic/Cultural Affiliation: Status Indian Non-Status Indian Métis Inuit Non-Native
 Band/Tribe Name: _____ Country of Citizenship _____

Billing Information: Self Sponsor
 Sponsor Name: _____
 Mailing Address: _____ Town/City: _____
 Province: _____ Postal Code: _____ Phone No. _____ Fax No. _____
 Contact Name: _____ ** Sponsor letter to be submitted prior to registration
 Sponsor has agreed to be billed for (please check applicable) Books Tuition

EDUCATION BACKGROUND (please complete, using additional paper if necessary)

Education Level	Institute Name(s) and Location(s)	Dates attended	Transcript Included	Name of Qualifications Granted
Secondary			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> Incomplete
<input type="checkbox"/> High School <input type="checkbox"/> GED				
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> Incomplete
<input type="checkbox"/> Upgrading/Entrance <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree				
University				
<input type="checkbox"/> Upgrading/Entrance <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Graduate				
Other (please specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Incomplete

OFFICIAL TRANSCRIPT(S) of your academic record from each institution (secondary and/or postsecondary) must be forwarded to the Seven Generations Education Institute at the time of application.

I hereby certify that the information provided on this application is accurate and complete. I understand that incomplete, inaccurate or false statements may cause my admission or registration to be rescinded. I understand that admission requirements must be met before registration takes effect.

Signature of Student: _____ Date: _____

IMPORTANT: It is the student's responsibility to become familiar with the academic and financial regulations and penalty dates of Seven Generations Education Institute and partnering Institutes.

For Office Use only: Admission Decision: _____ **Comments:** _____