

ALBERTA DISTANCE LEARNING CENTRE

Box 4000 Barrhead, AB, T7N 1P4

Adult and/or Out-of-Province Application

This form may be used by students who are 20 years of age or older as of September 1 of the current school year. Students living outside of Alberta may use this form also. International students must phone for prices.

Application may be faxed to ADLC

- Barrhead: 780-674-4712
 - Edmonton area schools: 780-427-3850
 - Calgary area schools: 403-290-0978
 - Lethbridge area schools: 403-327-2710
- * Need HELP? Toll-free 1-866-774-5333 ext. 5360

For Office Use Only	
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ASN (Alberta Student Number) _____		ADLC File Number (If previously enrolled) _____		Sex (M/F) _____	Date of Birth (Certificate Required for First-Time Registrants) (eg. 21/JUL/1993) Day _____ Month _____ Year _____	Current Grade _____
Legal Name (Name on Birth Certificate) Surname _____			First Name _____		Middle Name _____	
Also Known As (Name you would like to be called by, or married name) Surname _____			First Name _____			
Address Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____				Student's Contact Information Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____ Reach Student at <input type="checkbox"/> Home <input type="checkbox"/> Work		
Shipping Address (If different from above) Apt _____ Line 1 _____ Line 2 _____ City/Town _____ Province _____ Postal Code _____ Country _____				Special Condition (eg. learning disability, ADHD) <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Special Exam Accommodations <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation		
Name of School (if applicable) _____				Additional comments: To help us serve you better: _____ _____		
Citizenship Is the student a Canadian Citizen or landed immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>Student Agreement: I accept all conditions that appear in the Registration Guide. To the best of my knowledge, my statements are correct. I agree to allow ADLC staff to disclose information on my progress to the agencies responsible for the supervision of my program, if any. I understand ADLC recommends completing placement exercises, if I completed the prerequisite subject more than two years ago. I understand all registrations are conditional. If a student's work in early assignments indicates an inability to handle the subject matter, the student may be asked to pursue the subject at a lower level.</p> <p>_____ Signature</p> <p>_____ Applicant (Please Print)</p>						
Course code _____ Credits _____		Tuition _____				
Subject _____		Resources _____				
Prerequisite _____		_____				
Final Mark _____ Year _____		_____				
Print <input type="checkbox"/> Online <input type="checkbox"/> All-in-One <input type="checkbox"/>		_____				

		Total _____				
If more courses are required, please complete the Additional Course Information Form . Grand Total _____						
<p>Payment: Please check one of the following, payable to "Alberta Distance Learning Centre".</p> <p><input type="checkbox"/> Money Order or Certified Cheque <input type="checkbox"/> Personal Cheque Please note: Material is not shipped until cheque has cleared.</p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Account Number _____ Expiry Date _____</p> <p>Name as shown on the card (please print) _____</p> <p>Signature _____ Phone _____</p>						

Adult and/or Students Outside the Province of Alberta