



Mission: To inspire learner success and community development through innovative learning in an inclusive and diverse environment.
Vision: Ever to excel in a global society.
Values: We value learner achievement, academic excellence and personal growth founded on our longstanding principles of: people-centred and respect, accountability and integrity, inclusiveness and collaboration, continuous self-improvement, innovation and pride.



APPLICATION FOR CORRESPONDENCE COURSE

Lakeland College complies with the Freedom of Information and Protection of Privacy Act of Alberta. Information collected on this form is used in the normal course of college operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

PERSONAL INFORMATION (please print)

Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.

Male Female

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Maiden/Former Name (if applicable)	Date of Birth (month / day / year)	Student ID #

Mailing Address		
_____	_____	_____
Town / City	Province	Postal Code
_____	_____	_____
Business Phone	Cell Phone	Email

CORRESPONDENCE COURSE IDENTIFICATION

_____	_____	_____
Course Name	Course ID #	Starting Date (indicate month)

INVOICE INFORMATION

If no Purchase Order Number is provided, Lakeland College will assume that a PO is not required for payment.

_____	_____	
Purchase Order #	Contact Person	
_____	_____	
Fire Department or Company Name	Mailing Address	
_____	_____	
Town / City	Province	Postal Code

METHOD OF PAYMENT

Make cheque payable to Lakeland College

Please send me a receipt

Cheque Money Order MasterCard Visa

card number

_____	_____	_____
Expiry Date (month / year)	Name of Cardholder	Cardholder's Phone

PROCTOR INFORMATION (please print)

The proctor must be registered with the Office of the Fire Commissioner.

First Name

Middle Name

Last Name

Shipping Address

Town / City

Province

Postal Code

Business Phone

Cell Phone

Email

EVALUATOR INFORMATION (please print)

The evaluator must be registered with the Office of the Fire Commissioner.

First Name

Middle Name

Last Name

Shipping Address

Town / City

Province

Postal Code

Business Phone

Cell Phone

Email

Applicant's Signature

Date

Mail or fax your completed form to:

Lakeland College
5707 College Drive
Vermilion, Alberta
Canada T9X 1K5
Fax: 1 780 853 2955
Phone: 1 800 661 6490

OFFICE USE ONLY

Approved by:

Date