



**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 clearly

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

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

*All courses start on the 1<sup>st</sup> day of every month*

Course Name Course ID#

Preferred Start Month Preferred Examination Date  
*Allow 6-8 weeks notification prior to exam date*

### 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

