

Dual Credit Student Application

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			(Scricce	2 Student Numbery	
Last Name	First Nam	e		Middle Name	
Apt./Unit	Address				
City/Town	Province		Postal Code		
Home Telephone Emerg	ncy/Alternate Contact Number			Personal Email Address	
Date of Birth Year Month	Day]		Dual Credit Course Na Course Code (College Code):	me
Canadian Status (Citizenship)		Male Female		Semester:	
· · · · · · · · · · · · · · · · · · ·			YRDSB	TDSB	DPCDSB
Name of Secondary School			YCDSB	TCDSB	PVNCCDS
			PDSB	SCDSB	HCDSB
Secondary School Contact Email add			1		
Have you been identified through an Identification,			High School Status		
Placement and Review Committee (IPRC) process?				Grade Currently Attending:	
Do you have an Individual Education Plan (IEP)?				Credits Earned To Date:	
Have you at any time dropped out of High So	chool?			•	
Are you involved in a SHSM program?			_		
Conditions of Registration - Tuition fees will be paid in full by funds from the S - Registrants must comply with Seneca's Student Righttp://www.senecacollege.ca/studentconduct/righttp://www.senecacollege.c	ghts & Responsibilities as	outlined on			
FREI	EDOM OF INFORMATION AND	PROTECTION	OF PRIVACY	ACT	
The personal information collected on this form is in according the legal authority of the <i>Ministry of Colleges and Universiti</i> . Regulation 34/03. The information is used for the administ Canada and the Government of Ontario. If you have any quantormation & Privacy Protection Officer at 416-491-5050 estates.	ies Act, R.S.O. 1990, Regulatio rative and statistical purposes restions about the collection o	n 770, and the of Seneca Colle	Ontario Colle ege and/or t	ges of Applied Arts and Technology Act he ministries and agencies of the Gover	, 2002, nment of
I have read the above statements and I hereby a academic progress to the aforeme					ance, and
Student's Signature	 Date				
		-	'Guardian's	•	Date
Secondary School Representative's Signature	Date	,	,		

^{**}Please fax applications to Dual Credit Team at (416) 496-9791 or email to dualcredit@senecacollege.ca**

CONSENT TO USE PERSONAL INFORMATION Seneca College of Applied Arts and Technology

Waiver, Indemnity and Release	
I (print your name)	year of Arts and Technology in the in all media e this information shared by
Seneca College is not responsible for the misuse or a audio/video or photographs by third parties. I hereby any of its officers, directors, agents, employees or ser actions, claims, loss or causes of action arising from timages.	release Seneca College and rvants from any and all
I am 18 years of age or older and I am competent to a have read this document before signing below, and I is contents, meaning and impact of this consent, waiver This consent, waiver, indemnity and release is binding executors, administrators and assigns.	fully understand the , indemnity and release.
Signature	Date
Signature of Parent/Guardian (if under age 18)	Date
Telephone Number (Staff extension – Students home	number)

In accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act, the personal information including images and recordings in connection with this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, and Regulation 770, and the Ontario Colleges of Applied Arts and Technology Act 2002, Regulation 34/03. If you have any questions about the collection of personal information, please contact Seneca College's Freedom of Information and Privacy Protection Officer at 416-491-5050 extension 2078.

