

# ST. NORBERT

## ADULT EDUCATION CENTRE

Applicant Information		
First Name:		Last Name:
Maiden Name/Name Change:		
Date of birth: ____/____/____ yyyy / mm / dd	Home Phone #:	Cell #:
Current address:		
City:	Province:	Postal Code:
Email Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Grade Completed: ____	Year:	School:
Have you ever attained a High School Diploma? ____	If yes, name of High School: _____	Country:
Signature:		Date:
The information on this form is true and accurate to the best of my knowledge. I understand that the information on this form and my High School transcript may be shared with my sponsor (where applicable) as well as appropriate staff at Manitoba Institute of Trades and Technology and my Adult Learning Centre		
I have read and agree to the <b>SNAEC Code of Conduct</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read and agree to the <b>SNAEC Acceptable Use of Digital Technology</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:		Date:
Office use only MET # :		



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