



Royal College of Business (RCB)

Admission Form / Data Sheet

Applicant Information

Full Name: _____ Birthday: _____
Last First M.I. (DD/MMM/YYYY)

Address _____

City: _____ Prov / State: _____ Postal code: _____

Telephone Number: _____ Email: _____

Status in Canada: Citizen Permanent Resident ASN #: _____

Marital Status: Single (no dependent children) Single (with dependent children in the household)

Married Common Law Separated Divorced Gender Female Male Unidentified

SIN #: _____ Last Year Income (Line 150) _____

Do you already have My Digital ID? Yes No - Number of Years in Canada / Province _____

How did you hear about us?

Full Name: _____ Telephone: _____ Email: _____

Program Information

Program of Interest: _____ Preferred Schedule: _____

Education History

Date Completed / last attended High School (Month/Year): _____

Emergency Contact

Full Name: _____ Relationship: _____

Address: _____ Postal Code: _____

Telephone No: _____

Spouse Information

Full Name: _____ Birthday: _____
Last First M.I. (DD/MMM/YY)

Telephone No: _____ SIN #: _____ Line 150: _____

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Dependent Children Information

Dependent Children means **those children who are living with you and/or your spouse/partner** are legally responsible.

Last Name	First Name	Birthdate (DD/MM/YYY)	Gender (Son Daughter, Other)	Monthly Childcare Costs (after subsidy) (for children under 12 years of age)



Disclaimer and Signature

By signing this form, I agree that the institution provided me enough information about the program and helped in enrollment without any cost.

Applicant's Signature: _____

Date: _____

Office Use Only

Name of Admission Advisor _____

Signature: _____ **Date:** _____

CHECKLIST

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	Government Issued ID
	Diploma/Transcript/Assessment Test
	Alberta Student Enrollment Contract
	Entered on SIS and other database