DEPARTMENT OF
CONTINUING EDUCATION

APPLICATION FORM

DENTAL TECHNOLOGY - DENTAL HEALTH SCIENCES PROGRAM

PLEASE COMPLETE THE FOLLOWING INFORMATION: (SEE BELOW FOR DETAILS REGARDING FOIP)

HAVE YOU PREVIOUSLY ATTENDED OR APPLIED TO NAIT? ☐ YES ☐ NO	NAIT STUDENT I.D. NUMBER	DO YOU REQUIRE DISABILITY RELATED SERVICES? ☐ YES ☐ NO	GENDER ☐ M ☐ F

LAST NAME	FIRST NAME (legal)	MIDDLE NAME (legal)

PERMANENT ADDRESS	CITY/PROVINCE	POSTAL CODE

HOME TELEPHONE	BUSINESS TELEPHONE	CELL PHONE

FAX NUMBER	DATE OF BIRTH (MM/DD/YY)	EMAIL ADDRESS

COURSE REQUESTED

COURSE NAME	COURSE NUMBER	START DATE			$FEE
		YEAR	MONTH	DAY	

PREREQUISITE INFORMATION:

☐ Copy of Certificate of Registration ☐ Completion of course prerequisite if applicable (enclose documentation)

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information on this form is being collected under the mandate of the Post-Secondary Learning Act. Upon admission, this information will form part of your student record and will be used for operational activities of the Institution and for statistical purposes. It may be disclosed to Statistics Canada to comply with the Statistics Act (Canada) and to Alberta Advanced Education and Career Development for statistical, funding, policy development, planning and research purposes. Certain personal information will also be disclosed, by agreement to the NAIT Student Association (NAITSA) and the Alumni Relations Office for the purposes of membership services; to Campus Sport & Wellness to monitor your eligibility to participate in NAIT Intercollegiate Athletics and to the Financial Aid Officer for the nomination of awards and scholarships. The provisions of the Alberta Freedom of Information and Protection of Privacy Act protect this personal information. If you have any questions about the collection or use of this information, contact the Office of the Registrar at Suite 1000, 11762 - 106 Street NW, Edmonton, AB T5G 3H1, Phone: 780.471.6248.

REFUND AND TRANSFER POLICY

Students must withdraw from a course at least three full calendar days prior to course commencement to receive a full refund less the administrative fee ($50 administrative fee for courses $449 or less, $250 administrative fee for courses $450 - $999, $500 administrative fee for courses $1,000 and up). There will be a processing fee of $30 on NSF cheques. We reserve the right to cancel, postpone or otherwise modify announced courses due to inadequate registration or other causes beyond our control - course fees will then be refunded in full.

DECLARATION

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. I understand that any misrepresentation on my part may result in cancellation of my admission or registered status. If admitted, I understand that I am responsible for all applicable academic regulation, tuition and fees, whether or not I successfully complete the course(s) in which I am enrolling. I certify that the above statements are true and correct.

_____ _____

Signature Date

PAYMENT INFORMATION:

Payment and required documentation must accompany this completed form. Your application will not be accepted without it. Original application must be forwarded if preceded by a fax application.

Payment: $ _____ course fees + GST (if applicable) Please check one: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ Cheque

Credit Card Number _____ Expiry _____

Card Holder Name _____ Signature _____

IT'S EASY TO APPLY

SUBMIT APPLICATION TO:
Dental Health
Sciences Program

PHONE:
780.471.8761
FAX:
780.491.3149

EMAIL:
dental@nait.ca

IN PERSON:
NAIT, Room: E101,
11762 - 106 St.
Edmonton AB

MAIL:
NAIT, DADDP, Room: E101,
11762 - 106 St.
Edmonton AB T5G 2R1