

## FORMS

- *ALBERTA STUDENT NUMBER (ASN)*

<https://learnerregistry.ae.alberta.ca/>

- *APPLICATION FOR ADMISSION OR RE-ADMISSION*

<https://www.gprc.ab.ca/apply/>

- *APPLICATION FOR PARCHMENT/CONVOCATION*

<http://my.gprc.ab.ca> → My Courses → Graduation

- *CONFIRMATION OF SPONSORSHIP*

[https://www.gprc.ab.ca/files/forms\\_documents/Confirmation\\_of\\_Sponsorship.pdf](https://www.gprc.ab.ca/files/forms_documents/Confirmation_of_Sponsorship.pdf)

- *PRACTICUM REQUEST FORM*

<https://www.gprc.ab.ca/d/elccpracticum>

- *TRANSCRIPT REQUEST*

[https://www.gprc.ab.ca/files/forms\\_documents/Transcript\\_Request\\_Form.pdf](https://www.gprc.ab.ca/files/forms_documents/Transcript_Request_Form.pdf)

For the following forms, please see below:

- Consent to Disclose Academic Records/ or Personal Information
- Withdrawal Form
- Student Change Information
- Assessment of Prior Learning Application (PLA)

**HUMAN SERVICES DEPARTMENT  
EARLY LEARNING AND CHILDCARE DISTANCE PROGRAM**

**CONSENT TO DISCLOSE  
ACADEMIC RECORDS AND/OR PERSONAL INFORMATION**

I, \_\_\_\_\_, hereby consent to the release of my academic  
(Name of Student)  
records and personal contact information to \_\_\_\_\_; for the  
purposes of course registration and confirmation. This consent will remain in effect until I provide notice  
that I no longer consent to the disclosure of my academic and/or personal information for this purpose.

Please Print:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\*\* Your academic and personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and will not be released to anyone outside of GPRC without your written consent.



# Withdrawal From College Form

**Grande Prairie** 780.539.2944 888.539.4772  
 10726 106 Ave, Grande Prairie, AB T8V 4C4  
**Fairview** 780.835.6600 888.999.7882  
 PO Box 3000, Fairview, AB T0H 1L0  
 StudentInfo@gprc.ab.ca www.gprc.ab.ca

A Withdrawal From College Form is completed when a student withdraws completely from Grande Prairie Regional College.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Withdrawal     /    /     Campus \_\_\_\_\_  
 Mo. Day Year

Date of Attendance     /    /     to     /    /      
 Mo. Day Year Mo. Day Year

Reason (optional): \_\_\_\_\_

DROP Courses	
Term/Year eg. FYY, WinYY,SprYY	Course Code & Section eg. OA2290 A2

DROP Courses	
Term/Year eg. FYY, WinYY,SprYY	Course Code & Section eg. OA2290 A2

Reason (optional) \_\_\_\_\_

Agency Sponsored No  Yes  Agency \_\_\_\_\_

Student Loan No  Yes

Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_



# Student Change of Information

Mail, deliver or fax the completed form to:  
Office of the Registrar, Grande Prairie Regional College  
10726-106 Avenue, Grande Prairie, AB T8V4C4  
Fax: 780 539-2888 Phone: 780 539-2944

GPRC ID #: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

### Change of Permanent Address

Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

### Change of Local Address *(During School Year)*

Effective Date: \_\_\_\_\_

Same as above (✓ if applicable):

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

### Change of Email Address

Email Address: \_\_\_\_\_

### Change of Name Declaration *(Change of name will be retained as a permanent record on student file)*

I, (name as currently listed on the Academic Record) \_\_\_\_\_

Last

First

Middle

declare that I have officially changed my name from the above to:

\_\_\_\_\_ and request that the name on my

Last

First

Middle

academic record be amended to reflect this change.

I acknowledge that my former name shall remain a part of my official academic record and may be reported on official documentation.

I certify that the information provided above is true and complete in all respects and that no relevant information has been withheld. I understand that the provision of false or incomplete information may result in discipline under Grande Prairie Regional College Student Code of Conduct.

Personal information on this form is collected under the authority of the Post Secondary Learning Act and protected under Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including administration of records and production of transcripts. For any questions concerning the collection and use of this information, call the Registrar at 780-539-2944.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Assessment of Prior Learning Application Form

Student Services, 10726 - 106 Ave. Grande Prairie, AB T8V 4C4

Credit will be awarded only to students who have applied to and have been accepted into Grande Prairie Regional College.

STUDENT NUMBER							INSTRUCTIONS
Surname _____ Given Name _____						<ol style="list-style-type: none"> <li>1. Consult with the appropriate Department prior to completing this form.</li> <li>2. Obtain signature from the appropriate Department Chairperson indicating their approval for your application for Prior Learning Assessment.</li> <li>3. Upon Chair's approval, student pays PLA Assessment fee at Cashier's Office or Student Services and returns completed form to the Department. Assessment will not proceed until fees are paid.</li> <li><b>PLEASE NOTE: Approval of an application for Prior Learning Assessment does not guarantee credit will be given.</b></li> <li>4. PLA fees are 50% of the regular tuition fee and are non-refundable.</li> <li>5. PLA credits awarded are to be submitted by the Department to the Office of the Registrar and results will be mailed to the student in the form of a letter. Students will be notified of unsuccessful PLA by letter also.</li> <li>6. The maximum number of courses that may be challenged is fifty percent (one half of the course load) of a given certificate or diploma program.</li> <li>7. Credits earned through prior learning will not be included in a current credit load for purposes of maintaining full-time status.</li> </ol>	
Street _____							
City _____		Province _____					
Postal Code _____		Phone # (_____) _____					
Current Program _____							
Today's Date _____							

<b>TO BE COMPLETED BY STUDENT</b>		<b>TO BE COMPLETED BY FACULTY AFTER ASSESSMENT</b>		
I would like to be evaluated for credit in the following course(s):		Your documentation has been evaluated and Prior Learning Assessment has been awarded as follows:		
Course Name & Number	Credits	Course Name & Number	Credits	Grade

The above student has been approved for evaluation of the above courses.

Department Chairperson	Date	Faculty Signature	Date

FACULTY EVALUATION COMMENTS

**FOR OFFICE USE ONLY**

TOTAL FEES PAYABLE: \_\_\_\_\_

CASH     CHEQUE     VISA     MASTERCARD

---

Card Number \_\_\_\_\_    Expiry Date \_\_\_\_\_    Signature of Cardholder \_\_\_\_\_