



Mission: To inspire lifelong learning and leadership through experience, excellence and innovation.
Vision: Transforming the future through innovative learning.
Values: We value learner success, integrity, respect, community, excellence and innovation.



APPLICATION FOR COURSE EXTENSION

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under the Act. Information is collected for the purpose of enrollment in and the administration of fire & emergency services program courses. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).

PERSONAL INFORMATION Please print clearly

Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.

Please indicate: Male Female

Surname

First Name

Middle Name

Maiden / Former Name (if applicable)

Date of Birth (mm/dd/yyyy)

Student ID#

Mailing Address

Town / City

Province

Postal Code

Email

Contact Number (with area code)

EXAMINATION INFORMATION Please print clearly

Course Name

Course ID#

Original Start Date

Original End Date

PAYMENT INFORMATION Please print clearly

Please choose one of following:

Please issue a receipt

Cheque/Money Order

Payable to Lakeland College. Please include payment with your application.

Credit Card Number

Expiration Date (month / year)

3-digit Security Code

Name of Cardholder

Cardholder's Email

EMAIL OR FAX APPLICATION TO:

Lakeland College
5707 College Drive
Vermilion, AB T9X 1K5
Fax: 1 780 853 8594
dlearnfire@lakelandcollege.ca

QUESTIONS?

Phone: 1 800 661 6490 ext. 2054
Email: infofire@lakelandcollege.ca
Website: www.lc-etc.ca

OFFICE USE ONLY

Approved By

Date