

Dual Credit Application Form

Form must be completed electronically, printed out & signed appropriately. Once completed, please email it to dual.credit@sheridancollege.ca prior to the Submission Deadline. After the deadline, seats will be given on a "first-come-first-served" basis.

STUDENT INFORMATION					
First Name		Last Name			
Date of Birth (dd/mmm/yyyy)		Age		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address				Appt. #	
City		Postal Code			
Home Phone #		Cell Phone #			
Email Address					
OTHER CONTACT INFORMATION					
Parent/Guardian		Daytime Phone #			
E-mail Address					
Emergency Contact		Relationship to Student			
Emergency Phone #	<i>Day</i>		<i>Cell</i>		
SCHOOL INFORMATION					
Home School		OEN Number (Required):			
School Board	<input type="checkbox"/> Dufferin-Peel CDSB	<input type="checkbox"/> Peel DSB	<input type="checkbox"/> Halton CDSB	<input type="checkbox"/> Halton DSB	
School Board Monitor		Phone #			
School Counsellor Name		Phone #			
School Counsellor Signature:					
COURSE SELECTION (Please select ONE course ONLY)					
IF A STUDENT WISHES TO APPLY FOR 2 COURSES, HE/SHE NEEDS TO SUBMIT A SEPARATE APPLICATION FOR EACH COURSE					
Course Title	Course Start Date	Day (s) of the Week	Time		
ADDITIONAL INFORMATION					
Have you taken a Dual Credit course before?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>IF yes, please enter the following:</i>		Course Name:		College Name:	
Do you have a Sheridan ID?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, provide ID#	
Have you ever taken time off from your secondary school and returned?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an existing Individual Education Plan (IEP)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Specialist High Skills Major (SHSM) student?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you registered in Ontario Youth Apprenticeship Program (OYAP)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a *First Generation student? <i>First Generation: you are the first in your immediate family, excluding siblings, to attend college, university or an apprenticeship program in Canada.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you considered to be (select all that applies):		<input type="checkbox"/> Disengaged?			
		<input type="checkbox"/> At risk of not graduating (insufficient # of credits)?			
		<input type="checkbox"/> Unsure of your pathway AFTER high school?			

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Dual Credit Program Consent Form

This form is to be used only by students enrolled in Sheridan’s Dual Credit Program. This form is subject to Sheridan’s *Student Information Policy* and its appendices, all other Sheridan policies, including but not limited to the *Privacy Policy*, and all applicable legislation, including but not limited to the Ontario *Freedom of Information and Protection of Privacy Act*.

Pursuant to section 42(1)(b) of the Ontario *Freedom of Information and Protection of Privacy Act*, I, _____, authorize the Sheridan College Institute of Technology and Advanced Learning to release all records related to my registration, attendance, and academic progress in the Dual Credit Program to my Parent/Guardian and my Secondary School Board’s Monitor as provided on this application form. This authorization will be valid from the date of signing below until the completion of the Dual Credit Program by the student or until terminated by the student in writing.

I have read the foregoing and fully understand the contents of this release form.

Student Signature		Date	
Parent/Guardian Signature <i>(if student is under 18 years old)</i>		Date	

Student Photo Identification Information Collection Form

First Name:	Last Name:
Sheridan Student ID#:	
Student Signature:	Date:
Parent/Guardian Name:	
Parent/Guardian Signature:	Date:

Please note that your photograph and any other personal information identified on this form is collected pursuant to s.2 of the Ontario College of Applied Arts and Technology Act for purposes of administering the College’s security and emergency preparedness plans as well as to facilitate the provision of services offered by the College where identity verification is a reasonable requirement. Questions with respect to this collection may be addressed to the Director, Information Security and Compliance, Sheridan College, 1430 Trafalgar Road, Oakville, ON L6H 2L1, 905-845-9430 X2035.