

ADMISSION • REGISTRATION

☐ CÉGEP DE SAINT-FÉLICIEN

☐ CENTRE D'ÉTUDES COLLÉGIALES À CHIBOUGAMAU

A. CANDIDATE IDENTIFICATION

PERMANENT CODE																													
LAST NAME (AT BIRTH)																				FIRST NAME									
DATE OF BIRTH										GENDER										PLACE OF BIRTH									
YEAR			MONTH			DAY				M		F		OTHER															
										<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>															

B. PERMANENT RESIDENCE ADDRESS

NUMBER				STREET, ROAD, P.O. BOX																								APARTMENT			
CITY, TOWN																				PROVINCE				POSTAL CODE							
PHONE NUMBER				EMAIL																											

C. OTHER INFORMATIONS

[illegible]

D. ACADEMIC INFORMATION

HIGH SCHOOL			LAST YEAR OF STUDIES	
<input type="checkbox"/> LESS THAN SECONDARY 5	<input type="checkbox"/> SECONDARY 5 (HSD)	<input type="checkbox"/> VOCATIONAL SECONDARY SCHOOL (DVS)	MONTH 	YEAR
COLLEGIAL STUDIES			LAST YEAR OF STUDIES	
ARE YOU CURRENTLY TAKING COURSES AT A COLLEGE?		HAVE YOU TAKEN COURSES AT A COLLEGE BEFORE THIS SESSION?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, SPECIFY : _____		IF YES, SPECIFY : _____		
UNIVERSITY STUDIES			LAST YEAR OF STUDIES	
HAVE YOU EVER TAKEN A COURSE AT A UNIVERSITY BEFORE THIS SESSION?				
<input type="checkbox"/> YES <input type="checkbox"/> NO			MONTH 	YEAR

E. EMPLOYMENT

CURRENT EMPLOYER **UNEMPLOYED** ☐

F. ADMISSION

<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	PROGRAM TITLE <div></div>	PROGRAM NUMBER <div></div>
	COURSE TITLE <div></div>	COURSE NUMBER <div></div>
	COURSE TITLE <div></div>	COURSE NUMBER <div></div>

REQUIRED DOCUMENTS BY THE MINISTRY USED TO CONFIRM RESIDENCY IN QUEBEC:

- Students from First Nations territories: First Nation's card
- Nunavik students : Inuit beneficiary card
- Students born outside Quebec : CSQ or health care card

ONLY AUTHORIZED PERSONS, IN PARTICULAR ADMINISTRATIVE STAFF AND PEDAGOGICAL ADVISORS WILL HAVE ACCESS TO YOUR INFORMATION, IN ORDER TO SUPPORT YOU THROUGHOUT YOUR ACADEMIC CAREER.

I DECLARE THAT THIS INFORMATION IS EXACT AND I AUTHORIZE THE TRAINING INSTITUTION TO VERIFY ANNEXED DOCUMENTS TO THIS DEMAND.

CANDIDATE'S SIGNATURE	DATE
AUTHORIZED SIGNATURE	DATE

Why is your information collected?

As part of this annual registration process, the Continuing Education and Business Services of the Cégep de St-Félicien (SEC) asks you to provide information on your subject and your academic background:

- First and last name
- Date of birth, place of birth, your gender
- Home address, telephone number and email address
- Place of residence, legal residency status in Canada, Type of citizenship
- Main Occupancy
- First and last name of father and mother
- Educational background
- Your employment information, if applicable
- Any other information that directly or indirectly identifies you.

This is personal information that the CTS has a duty to protect.

The collection, processing and use of your personal information will be limited to the following purposes: necessary to process, analyze, and enroll in your training program.

Where is your personal information stored and to whom may it be shared?

Personal information is hosted on servers in Quebec (Coba, Syged) and in the archives of the Cégep de St-Félicien (paper format).

Subject to the foregoing, unless otherwise provided for by applicable law or the obtaining of your consent, the SEC will not share your personal information with anyone.

Who has access to your personal information?

Access to personal information is restricted to authorized individuals:

- Administrative staff
- Pedagogical Advisors
- Social Service Worker.

These authorized individuals only have access to the personal information they need to fulfill their obligations under applicable legislation.

In accordance with the applicable legislation, they are committed to ensuring the protection of personal information they hold.

How can you correct your personal information?

You can send your request by email sec@cegepstfe.ca.

What happens if you refuse to comply with the collection request?

Your personal information is necessary and mandatory for your registration. Withholding your consent will prevent us from processing, analyzing, and enrolling you in the program.

I confirm that I have read the above information.

Signature : _____ Date: _____