



APPLICATION

Dual Credit & Exploratory Programs

2024-2025

Email completed form to dualcredit@lrsd.ab.ca or your school Career Practitioner

First name:	Last name:
Address:	
Email:	
Home phone:	Cell phone:
High School:	Grade in 2024-2025:
Age: (min. 15 years)	Birth date:

COURSE SELECTION You may list a maximum of one course for Semester 1 and one course for Semester 2 of the 2024-2025 school year.

Program	Course Name	Semester
Lethbridge College – General		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Lethbridge College – Intro to Trades		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Lethbridge College – Environmental Science with PEAKS Campus		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Olds College		<input type="checkbox"/> 1 <input type="checkbox"/> 2

INTEREST Briefly describe why you are interested in the program(s) you selected.

STRENGTHS List several strengths you would bring to this/these programs.

CAREER PLANS Tell us how your selected program/courses fit into your future career plans.

SCHEDULE What other courses are you planning to take this year? If they potentially conflict with your dual credit/exploratory program, how will you deal with that?

TRANSPORTATION Students are responsible for their own transportation. If you are applying for a program offered on-campus at a post-secondary institution, what method of transportation will you use to get to and from classes? (Students are not permitted to drive each other.)
 Own vehicle Parent will drive

REFERENCES Please provide two references that we can contact: a teacher and your principal.

Teacher Reference

Name: _____ Email Address: _____

Principal Reference

Name: _____ Email Address: _____

VERIFICATION

1. 1. Have you completed **HCS3000 Workplace Safety**? Yes No
 - a. If not, do you acknowledge that you will register and complete the course before September? Yes No
2. Have you confirmed that you have met (or will meet) all other stated **prerequisites** required for the program(s) you're applying for? Yes No
3. Please attach a copy of your **Detailed Academic Report** (from MyPass) to your application to show that you are on track to meet graduation requirements.

SIGNATURES

I verify that the information provided in this application is true.

Student Name: _____

Student Signature: _____ Date: _____

I am aware that my child is applying for the program(s) stated in this application. I support their application and I give him/her my permission to participate in the program if accepted.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I am aware that this student is applying for the program(s) stated in this application.

Principal Name: _____

Principal Signature: _____ Date: _____

Livingstone Range School Division is pleased to be in partnership with Lethbridge College and Olds College to deliver engaging opportunities for our students.

