



# APPLICATION

## Dual Credit & Exploratory Programs 2024-2025

Email completed form to [dualcredit@lrsd.ab.ca](mailto: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 Polytechnic – General		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Lethbridge Polytechnic – Intro to Trades		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Lethbridge Polytechnic – 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 Polytechnic and Olds College to deliver engaging opportunities for our students.*

