**APPLICATION**

**Dual Credit & Exploratory Programs**

**2025-2026**

**Email completed form to** [**dualcredit@lrsd.ab.ca**](mailto:dualcredit@lrsd.ab.ca) **or your school Career Practitioner**

Please apply before post-secondary school’s application deadline. No late applications will be accepted. Textbooks and other supplies are to be purchased by the student. Livingstone Range School Division may have a few textbooks that can be lent out on a first come first serve basis.

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| --- | --- |
| 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.

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| --- | --- | --- |
| **Program** | **Course Name** | **Semester** |
| Lethbridge Polytechnic – General |  | ❒1 ❒2 |
| Lethbridge Polytechnic – Intro to Trades |  | ❒1 ❒2 |
| Lethbridge Polytechnic – Environmental Science with PEAKS Campus |  | ❒1 ❒2 |
| Olds College |  | ❒1 ❒2 |

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

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

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**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?

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**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
   1. 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.

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| --- | --- | --- | --- | --- |
| Parent/Guardian Name: |  |  | |  |
| Parent/Guardian Signature: |  | | Date: |  |

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

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| --- | --- | --- | --- | --- |
| 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.*