



International Application Form

The Michener Institute student identification number

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Title (Ms., Mrs., Mr., Dr.)	First Name (legal)	Middle Name (legal)
Previous Names (if applicable)		Last/Family Name (legal)

Student Contact Information

Mailing Address		
City/Province	Country	Postal Code
Telephone – Home	Fax (if available)	E-mail
Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate day month year □ □ □ □ □ □ □ □	

Passport Number	Country of Birth
Date of Issue	Country of Citizenship
Date of Expiry	First Language (mother tongue)

Program of Interest: Diploma; Diploma/Degree; Advanced Diploma <input type="radio"/> Chiropody <input type="radio"/> Medical Laboratory Science <input type="radio"/> Respiratory Therapy <input type="radio"/> Ultrasound <input type="radio"/> Diagnostic Cytology <input type="radio"/> Genetics Technology	Graduate Certificate Programs <input type="radio"/> Clinical Lab. Quality Manager <input type="radio"/> Clinical Research Associate <input type="radio"/> Diabetes Educator <input type="radio"/> Magnetic Resonance Imaging (MRI) <input type="radio"/> Imaging Informatics (Professional/Administrator) <input type="radio"/> Other _____
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Emergency contact in your home country

Name	Address	Relationship to student
	Phone Number: (Work, Home & Cell)	

If you have an Emergency Contact in Canada, please fill out the following:

Name and Address	Phone Number (Work, Home & Cell)	Relationship to student
	E-mail Address	

<p>Please complete and mail this form along with supporting documents listed on page 2.</p> <p>Mailing Address The Michener Institute for Applied Health Sciences International Dept. 222 St. Patrick Street Toronto ON Canada M5T 1V4</p> <p>It is recommended that all applications are sent via courier to the above address</p>	<p>Applicants Signature: _____</p> <p>Date: _____</p> <p>Pursuant to the <i>Personal Information Protection and Electronic Documents Act (PIPEDA)</i>, I hereby authorize The Michener Institute to release any and all information related to any and all aspects of my application for admission, acceptance, fees or program of studies to the emergency contact(s) whose name(s) and address(es) appear above. I certify that the person(s) named is my selected representative and has my agreement to access and use this information to assist me to successfully register at The Michener Institute.</p>
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Please submit the following with this application:

- ⇒ Student application fee of US\$55. Payment can be only done via Visa or MasterCard, Certified Cheque or Money Order (payable to **The Michener Institute**) **SEE PAYMENT METHOD BELOW**
- ⇒ Photocopy of valid passport
- ⇒ Proof of completion of English Language Assessment (<http://www.michener.ca/admissions/international.php>)
- ⇒ Credential equivalence must be established by a recognized credential assessment service such as International Credential Assessment Service www.icascanada.ca or World Education Services www.wes.org/ca

Academic documentation must be official academic transcripts and official copies of certification documents. Official notarized copies will also be accepted. All applicants must provide proof of meeting the specific program admission requirements.

Applicants for whom **English is a second language** must provide **proof of one** of the following language assessments:

- IELTS - overall score of 6.5 with all components (bands) of the test being at 6 or above
- TOEFL – Minimum score of 600 (written) or 250 (computer) and TWE of 5.0.
- MELA - Minimum score of 8 on all components (available at The Michener Institute only)

Healthcare Insurance Coverage (mandatory)

Healthcare coverage is mandatory and each student is charged this fee once a year at the start of the academic year.

Tuition fees for the first semester are payable in advance upon the student being accepted into the program. Residence Fees for Schatz Hall are also paid in advance. It is the student's responsibility to ensure the accuracy of his/her records, to inform Michener of any discrepancies in academic records, and to update their mailing address on record as appropriate. In the event of an emergency, Michener reserves the right to contact the *Emergency Contact* provided by the student.

PAYMENT METHOD

- Visa MasterCard Certified Cheque or Money Order*
(please attach)

Credit Card Number: _____ Expiry Date _____

Cardholder's Signature _____

***We do not accept personal cheques. Please make certified cheques & money orders payable to The Michener Institute.**

APPLICATION DEADLINE

February 1 is the application deadline for full time programs. Application deadlines for part-time and distance education options vary. Check the website for this information.

Website

www.michener.ca

I certify that all statements made on this application form are true and complete.