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 Ontario Ministry of Education BSID# 883137
Teaching International Students Since 1997

ENROLLMENT APPLICATION

No. _____

The undersigned applicant hereby makes an application as student of Metropolitan College as of (yyyy/mm/dd):

_____ for the following:

<u>Course(s) Requested:</u>	<u>Tuition Fee</u>
<input type="checkbox"/> Intensive English as a Second Language- Full time 25 hours per week	Length: _____ (weeks) \$ _____
<input type="checkbox"/> Intensive English as a Second Language- Part Time: <input type="checkbox"/> 10hrs <input type="checkbox"/> 15hrs	Length: _____ (weeks) \$ _____
<input type="checkbox"/> ESL Certificate (Program: _____)	Length: 25 lessons \$1,000.00
<input type="checkbox"/> \$200.00 Application Fee	<input type="checkbox"/> \$150.00 Accommodations Setup
<input type="checkbox"/> \$100.00 One-way Airport Pickup	<input type="checkbox"/> \$120.00 Courier Fee
<input type="checkbox"/> I would like Metropolitan College to provide me with medical insurance for \$2.00 per day for: _____ (days)	

Total Fee Cost: \$ _____

Commencing on (yyyy/mm/dd): _____ for a period of: _____ (weeks).

Applicant Information:

Mr. Ms. Family name: _____ First name: _____

Date of Birth (yyyy/mm/dd): _____ Country of Birth: _____ Age: _____

Martial status: Married Divorced Single

Address: _____

Postal/Zip Code: _____ Province: _____ City: _____ Country: _____

Passport Number: _____ Phone: _____ Email: _____

Status in Canada: Student Visitor Work Other

- The School reserves the right to cancel the above name courses when sufficient enrollment is not attained.
- Applicants affected by cancelled classes may elect to transfer their application to the next scheduled class or receive a refund of all monies paid.

I certify that I have read, understood and have received a copy of this application.

Applicant's Signature

School Admissions Officer

Inconsideration of the payment of fees as mentioned above, **Metropolitan College** agrees to supply the course(s) of instruction to the applicant upon the terms herein mentioned.

Accepted by: _____ Date (yyyy/mm/dd): _____