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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"/> Teachers of English to Speakers of Other Languages (TESOL)	Length: 25 lessons \$1,250.00
<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: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Status in Canada:  Student  Visitor  Work  Other (Apply from Oversea)  
 Vaccination:  None  1 Shot  Fully Vaccinated (Please provide proof with the application)

- 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): \_\_\_\_\_