

# RE-INSTANTMENT/RE-ADMISSION FORM

The purpose of this application is to assist applicants in providing required information for reinstatement/re-admission to the Registration Committee of the MTG Healthcare Academy.

## Reasons for the reinstatement/re-admission are:

- After suspension or cancellation of registration
- Non-payment of fees

## Please check the reason which applies to your circumstance:

- |   |                         |
|---|-------------------------|
| Suspension/Cancellation or registration | (complete part 1 and 3) |
| Leave of Absence                        | (within 1 year)         |
| Non-payment of Fees                     | (complete part 1 and 2) |
| Leave of Absence                        | (after 1 year)          |
| Voluntary Withdrawal from the Program   |                         |

## Part 1: Student Information (to be completed by the student)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Course: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

## Part 2: Reinstatement/Readmission for Non-Payment of Fees

Expiry Date of Registration: \_\_\_\_\_  
 I hereby attest that I am not in contravention of the Policy and Regulation of the Academy.  
 I attach with this application the fee of \$50 for reinstatement/re-admission.

## Part 3: Reinstatement/Re-admission for Suspension/Cancellation

Date of Suspension/Cancellation: \_\_\_\_\_  
 Period of time of suspension/cancellation as set out in the disciplinary decision: \_\_\_\_\_  
 If a period of time was not established in the disciplinary decision, the date of suspension/cancellation cannot be less than one (1) year ago. If so, you must apply for reinstatement/readmission when the one (1) year has passed from the date of suspension/cancellation.

I hereby attest that I am no longer in contravention of the Policy and Regulation of the Academy.

I attach with this application a reinstatement/readmission fee of \$50.00

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Our Locations

### + Calgary Campus

403 264 2009 | 403 992 7611  
 Fax: 587 352 2049

1324 36 Avenue NE  
 Calgary, Alberta | T2E 8S1

### + Red Deer Campus


403 264 2049 | 403 986 0684  
 Fax: 403 986 4815

4811 48 Street  
 Red Deer, Alberta | T4N 1S6

### + Edmonton Campus

780 863 8236  
 Fax: 780 434 8328

6920 Roper Road NW  
 Edmonton, Alberta | T6E 0A8

 [mtghealthcare.com](http://mtghealthcare.com)

 [info@mtghealthcare.com](mailto:info@mtghealthcare.com)

 [MTG Healthcare Academy](https://www.facebook.com/MTGHealthcareAcademy)

 [@mtghealthcareacademy](https://www.instagram.com/mtghealthcareacademy)

**Part 4:**

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Date of Withdrawal:                      Date of Last Attendance:                      Name of Instructor:

Course Last Attended:                      Reasons for Withdrawal/Leave of Absence:

(Attached Medical certificate if Withdrawal from the course or any document that will supplement your application to be reinstated/re-admitted in the program).

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**Part 5: Fee Schedule**

Reinstatement Fee                      **\$50.00**

Re-admission Fee                      **\$50.00**

**Applicable Total Payment**      \$ GST is not applicable.

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