

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 of 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: _____
 HomeNumber: _____ CellphoneNumber: _____
 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

 info@mtghealthcare.com

 MTG Healthcare Academy

 @mtghealthcareacademy

Part 4:

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)

Part 5: Fee Schedule

Reinstatement Fee **\$50.00**

Re-admission Fee **\$50.00**

Applicable Total Payment \$ GST is not applicable

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