

APPLICATION FOR INTERNATIONAL STUDENTS



Applicant Information	FULL NAME (Please print clearly)						
	(Last)	(First)	(Middle Initial)	Date of Birth	DD	MM	YY
	HOME COUNTRY ADDRESS						
	(Street Address)	(Apartment/Unit #)	(City/Province)	State & Country		(Postal Code)	
(☎ Home Phone)	(☎ Business Phone)	(Email Address)		(Passport No.)			

Mailing Address (If Different from Above)	FULL NAME (Please print clearly)			
	(Last)	(First)	(Middle Initial)	
	ADDRESS (Please print clearly)			
	(Street Address)	(Apartment/Unit #)	(City/Province)	(State & Country)
(☎ Home Phone)	(☎ Alternative Phone)	(Email Address)	(Passport No.)	

Emergency Contact	FULL NAME			
	(Last)	(First)	(Middle Initial)	Relationship to you:
	ADDRESS			
	(Street Address)	(Apartment/Unit #)	(City/Province)	(State & Country)
(☎ Home Phone)	(☎ Alternative Phone)	(Email Address)	(Passport No.)	

Other Information	Is there any information about yourself which you wish us to have in evaluating your qualification for admission (honours, clubs, employment, or other activities)?			
	Will there be anyone accompanying you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are you currently living in Canada		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, What kind of visa do you hold?			
	Do you have family or friends currently living in Canada		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, Please specify:			
	Last Name	First Name	Middle Name	Relationship
Address			☎ Phone Number	

How did you find out about MTG Healthcare Academy?	Please check appropriate box(s) below:				
	Website <input type="checkbox"/>	Internet <input type="checkbox"/>	Newspaper / Magazine <input type="checkbox"/>	Friend <input type="checkbox"/>	Other <input type="checkbox"/>
	If "other, please specify				

Program Selection	Choose any of the 3 programs you would like to apply for, list down below in order of interest.		
	MTG Healthcare Academy <input type="checkbox"/>	MOA (Medical Office Assistant) <input type="checkbox"/>	English Advance Program <input type="checkbox"/>
	1 Program Title	Desired Start Date:	
	2 Program Title	Desired Start Date:	
	3 Program Title	Desired Start Date:	
	Note: All academic records MUST be submitted with this application. Authenticated originals or certified true copies are required. If the original documents are issued in a language other than English, a certified translation must also be submitted.		

Required Information	Please ensure that you have enclosed the required fees and requirements:		Payment Information
	<ul style="list-style-type: none"> \$150.00 (CAD) Application Fee (non-refundable) 		Accepted payment can be made by credit card (Visa or Master Card) bank transfer, certified check, bank draft, money order.
	<ul style="list-style-type: none"> \$500.00 (CAD) Credential Assessment Reservation Fee (non-refundable) 		

Credit Card Information	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
	Expiration Date:(MM/YY)	CVC:(3 digits @ the back of the card)
	Card Number:	Card Holder's Name

Bank Transfer Information	Beneficiary Bank:	Bank Account Number:
	Bank Number:	Transit Number:
	Bank Address:	Telephone No.:

Disclaimer and Signature		
By signing this application form, I understand completely of these requirements set by MTG Healthcare Academy. I further agree that all information are true and legal to the best of my knowledge.		
Applicant's Name:	Signature:	Date:



INTERNATIONAL STUDENTS DEMONSTRATION OF FINANCIAL CAPABILITY FORM

Before a student permit can be issued, MTG Healthcare Academy must receive proof that the student can cover all expenses associated with studying in Canada. This includes but is not limited to, tuition fees, living expenses, books, health, school supplies, insurance, and transportation.

Financial capability may be demonstrated through a student's personal fund and / or a sponsor's fund. Students may show more than one sponsor. All funds combined must be equal to or greater than **\$24,000.00 CAD**.

Documents dates

All financial documents must be dated no older than **FOUR MONTHS** prior to the student's preferred start date. The oldest acceptable dates, by term, are as follows:

Student's preferred start date:	Financial document dates must be:

This form and the supporting financial documents may be emailed or faxed to MTG Healthcare Academy

Student's personal funds

Please complete this section if you are showing your personal bank statement

Name (as it appears on the bank)			
Name of financial institution/bank			
Date issued		Total amount available (CAD)	

Sponsor's Affidavit of Support

Please complete this section only if you are showing a sponsor's fund. If you have more than one sponsor, please submit one form per sponsor. The statement of sponsorship (below), must also be completed for MTG Healthcare to accept these funds as part of the student's financial capability.

Sponsor's Name (as it appears on the financial documents)			
Sponsor's Relationship to student			
Date Issued		Total amount available (CAD)	

Document(s) provided (please check all that apply)

Bank statement Letter of employment Tax returns

To be completed and signed by the sponsor

Print sponsor name	Print student's name
I, _____, am willing to sponsor	
Relationship _____	
who is my _____ for the duration of his/her studies at MTG Healthcare Academy	

CALGARY MAIN CAMPUS
1324 36 Avenue NE, Calgary AB, T2E 8S1 Canada
☎ 403 264 2009/ 403 992 7611
Fax no. 587 352 2049

www.into@mtghealthcare.com

RED DEERCAMPUS
4815 48 Street, Red Deer, AB, Canada
T4N 1S6 ☎ 403 264 2049 / 403 986 0684
Fax no. 403 986 4815

EDMONTON CAMPUS
Suite 203, 9915 – 51 Avenue NW, AB, Canada
T6E 0A8, ☎ 780 863 8236

www.mtghealthcare.com