

INTERNATIONAL STUDENT PACKAGE AGREEMENT

I _____, have read the International Student Package. I understand its intention and understand what the requirements for this program are. I accept the responsibilities indicated in the document including the payment of the tuition, and miscellaneous fees on the first day of classes.

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

Student's Full Name	Student Signature	Date

 mtghealthcare.com

 info@mtghealthcare.com

 MTG Healthcare Academy

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