

INTERNATIONAL TRANSCRIPT EXCEPTION REQUEST

FOR OFFICE USE ONLY		
STUDENT ID NUMBER	DATE RECEIVED	RECEIVED BY

PERSONAL DATA

LAST NAME / SURNAME (LEGAL)	FIRST NAME / GIVEN NAME (LEGAL)
PLEASE LIST ALL DOCUMENTS YOU ARE SUBMITTING (If more space is needed, please use additional sheet)	

NAME OF COUNTRY	NAME OF DOCUMENT (S) <small>(Documents must be original. Scanned versions or photocopies will not be accepted)</small>

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

DECLARATION OF REQUESTOR

I ask that the transcripts and/or other documentation that I have provided be used for evaluation for admission to the _____ Program at MTG Healthcare Academy.

I state that these documents that I have submitted are official and authentic copies of my previous education. I acknowledge the FOIP statement (below) and verify that all information contained on this form is true and complete and that no relevant information has been withheld. I agree, if admitted to MTG Healthcare Academy, to comply with the policies, rules and regulations of the College, and use of information with the FOIP legislation.

I further understand that submitting documents that are not authentic and are not a true and accurate reflection of my academic history, may result in my being denied admission or may result in withdrawal from my program, or result in other disciplinary action.

MTG Healthcare Academy reserves the right to refuse admission or cancel any admission ruling.

Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of the Post-Secondary Learning Act and section 33 (c) of Alberta's Freedom of Information and Privacy Act and will be used for the purpose of admission. For confirmation about the collection and use of this information, contact the Office of the Registrar at Suite 100, 1324 36 Avenue NE, Calgary, AB, Canada T2E 8S1 Tel 403 264 2009 / 403 992 7611

STUDENT NAME	DATE

See reverse side to complete form ➡

DOCUMENT RETURN REQUEST

Would you like your transcript/documents returned to you? Yes No

If yes (pick-up only), you will be notified via your MTG MyMail student email account once your documents have been evaluated and ready for pickup. Evaluations can take anywhere from 4 to 12 weeks to be completed.

Please note: Once notified, your documents will be held for a two-week period, after which they will be destroyed.

DOCUMENT PICK-UP CONFIRMATION

A signature is required when picking up transcripts and/or documents. Written authorization must be attached for a third party to pick up your documents.

SIGNATURE	DATE OF PICKUP
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Document Evaluation fee (\$55)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff Initial _____
Fee paid at time of document submission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff Initial _____
If Fee not paid, Date of Cancellation (YYYY/MM/DD)			Staff Initial _____
Date of notification to pick up documents (YYYY/MM/DD)			Staff Initial _____