

Date Received: \_\_\_\_\_

## CONTACT INFORMATION

Surname \_\_\_\_\_ Michener ID # \_\_\_\_\_  
 First Name \_\_\_\_\_ Previous Surname, if applicable \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_ mm/dd/yyyy  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Michener Email \_\_\_\_\_  
 \*Personal Email \_\_\_\_\_ \*The Email address you provide will only be used to notify you about the status of your application for re-admission.

## TERMS OF READMISSION

In which session & semester do you intend to return?

Fall       Winter       Summer

Year:  1  2  3      Semester:  1  2  3

I am returning to the \_\_\_\_\_ program from:  
Program Title

Academic Suspension       Leave of Absence (LOA) \*

\*My last day of attendance was: \_\_\_\_\_  
(Leave of Absence Only) mm/dd/yyyy

**I have reviewed all the information provided to me by the Registrar's Office and the Chair of my program. I agree to fulfill all required terms of re-admission:**

**Directions:** Please copy your re-admission requirements as detailed by the Chair of your program, the date of anticipated completion, and/or the date of completion.

\_\_\_\_\_ Anticipated completion date \_\_\_\_\_  
 \_\_\_\_\_ Date of completion \_\_\_\_\_

\_\_\_\_\_ Anticipated completion date \_\_\_\_\_  
 \_\_\_\_\_ Date of completion \_\_\_\_\_

\_\_\_\_\_ Anticipated completion date \_\_\_\_\_  
 \_\_\_\_\_ Date of completion \_\_\_\_\_

Please note, meeting all terms of readmission outlined above does not guarantee readmission to The Michener Institute.

**Student Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

## DECLARATION & PAYMENT INFORMATION

I declare that the above information is complete, and acknowledge that:

Included is a **non-refundable** deposit of \$500 to secure my place in the program noted above.

Visa       Mastercard       American Express       Certified Cheque or Money Order\*

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 CVC \_\_\_\_\_ (the 3 digit number printed on the back of your credit card)

**Cardholder's Signature:** \_\_\_\_\_

**\*We do not accept personal cheques. Please make certified cheques payable to The Michener Institute.**