THE Michener INSTITUTE For Applied Health Sciences

International (Part-Time) Application Form

APPLICANT INFORMATION

Title (Ms., Mrs., Mr., Dr.)	First Name (legal)	Middle Name (legal)
Previous Names (if applicable)	Last/Family Name (legal)	

Student Contact Information

Mailing Address		
City/Province	Country	Postal Code
Telephone – Home	Telephone - Cell (if available)	E-mail (required-please print)
Gender ❍ Male ❍ Female	Birthdate day ☐☐ month ☐☐ year ☐☐☐☐	

Passport Number	Country of Birth
Date of Issue	Country of Citizenship
Date of Expiry	First Language (mother tongue)

PROGRAM SELECTION & DECLARATION

Program of Interest:

Part-Time programs
- ❍ Diabetes Educator
  Start Date: _____
- ❍ Magnetic Resonance Imaging (MRI)
  Start Date:_____
- ❍ Imaging Informatics

Continuing Education Programs
- ❍ Clinical Lab. Quality Manager
- ❍ Clinical Research Associate
- ❍ Leadership in Health Care
- ❍ Other _____

Please complete and submit this form along with your supporting documents to:

Mailing Address
The Michener Institute for Applied Health Sciences
International Dept.
222 St. Patrick Street
Toronto ON Canada M5T 1V4

It is recommended that all applications are sent via courier to the above address

I understand that if any information in my application is determined to be false or misleading, concealed or withheld, my application will be invalidated and could result in its immediate rejection or in the revocation of an offer of admission or registration at The Michener Institute. I, the undersigned, declare that all application information and all supporting documentation are truthful, complete and correct.

Applicants Signature: _____

Date: _____

APPLICATION FEE | $95 non-refundable | Choose ONE payment method

CREDIT CARD PAYMENT

☐ Visa ☐ MasterCard

Credit Card Number Digits only, no spaces

Expiry Date :_____ /_____
MM YYYY

Card Holder Name as displayed on the Credit Card, please write in UPPERCASE:

_____

IN PERSON ONLY

☐ **Debit Card**

☐ **Cash**

COURIER, IN-PERSON or STANDARD MAIL

Make payable to: The Michener Institute

☐ **Certified Cheque**
Personal cheques not accepted

☐ **Money Order**