

Note: This application must be completed and signed in ink and all questions must be answered.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID # (former students)
DATE OF BIRTH (MM/DD/YYYY) _____/_____/_____		GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
COUNTRY OF CITIZENSHIPSHIP <input type="checkbox"/> Canadian <input type="checkbox"/> Other _____		LANGUAGE (FIRST) <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
VISA STATUS <input type="checkbox"/> International Student <input type="checkbox"/> International Student with Study Permit <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Person/Refugee			
CONTACT INFORMATION			
ADDRESS		CITY OR TOWN	PROVINCE
POSTAL CODE	TELEPHONE (____) _____ - _____	EMAIL ADDRESS	
PROGRAM SELECTION AND APPLICATION FEE			
PROGRAMS (must apply before registering for courses) <input type="checkbox"/> Anesthesia Assistant <input type="checkbox"/> Magnetic Resonance Imaging <input type="checkbox"/> Diabetes Educator <input type="checkbox"/> Imaging Informatics <input type="checkbox"/> Intraoperative Neurophysiological Monitoring		PROGRAMS <input type="checkbox"/> Clinical Laboratory Quality Manager <input type="checkbox"/> Clinical Research <input type="checkbox"/> Clinical Management <input type="checkbox"/> Leadership in Healthcare	
PLANNED START DATE (MM/YYYY): _____			
PAYMENT METHOD - \$30.00 Application Fee (\$95.00 for International Students)			
<input type="checkbox"/> Cash (in person only) <input type="checkbox"/> Debit (in person only) <input type="checkbox"/> Credit Card (Visa, MC, AMEX) <input type="checkbox"/> Money Order (or Certified Cheque)		Card #: _____ <small>Enter Numbers Only – No Spaces</small> Expiry Date: _____ <small>MM/YY</small>	Name: _____ <small>PRINT CLEARLY</small> Signature: _____

AUTHORIZATION AND DECLARATION

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

Student Signature: _____

Date _____

OFFICE USE ONLY:

Processed By: _____
Registrar's Office Staff Name

Date _____

The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.