

Date Received
Office Use Only

CONTACT INFORMATION

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

TERMS OF READMISSION

<p>In which session & semester do you intend to return?</p> <p> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Semester: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 </p>	<p>I am returning to the _____ program from:</p> <p style="text-align: center;">Program Title</p> <p> <input type="checkbox"/> Academic Suspension <input type="checkbox"/> Leave of Absence (LOA) * *My last day of attendance was: _____ (Leave of Absence Only) mm/dd/yyyy </p>
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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.

<input type="checkbox"/> _____	Anticipated completion date _____
	Date of completion _____
<input type="checkbox"/> _____	Anticipated completion date _____
	Date of completion _____
<input type="checkbox"/> _____	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.**