

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.**