

Date Received
Office Use Only

Part-Time Program Application

Registrar's Office - Admissions

222 St. Patrick Street Toronto, ON M5T 1V4
regoffice@michener.ca | 1 (416) 596-3117 or 1 (800) 387-9066

PERSONAL INFORMATION						
LAST NAME		FIRST NAME	MIDDLE NAME	!	STUDENT ID # (former students)	
DATE OF BIRTH (MM/DD/YYYY)/			GENDER: [] Fer	GENDER: [] Female [] Male [] Other		
COUNTRY OF CITIZENSHIP			LANGUAGE (FIRST)	LANGUAGE (FIRST)		
[] Canadian [] Other			[] English [] Fren	[] English [] French [] Other:		
VISA STATUS			I			
[] International Student	[] Internation	nal Student with Study Permit	[] Permanent Resident	[] Protected P	erson/Refugee	
CONTACT INFORMATIO	N	Tick this box if you wou	ld like to update the address	on file with t	he address below.	
ADDRESS			CITY OR TOWN		PROVINCE	
	T					
POSTAL CODE	TELEPHONE		EMAIL ADDRESS			
	()		_			
ROGRAM SELECTION - S	\$35.00 Application	Fee - One Form Per Pro	gram Choice (\$	95.00 for Int	ernational Applicants)	
PROGRAMS (must apply before re	egistering for courses)					
			PROGRAMS (can complete cour	rses before applyir	g to program)	
Bridging Programs						
PLANNED START DATE (MM/	YYY):/					
APPLICATION FEE - PAY	MENT METHOD					
☐ Cash (in person only	·)					
☐ Debit (in person only)		Card #:Enter Num	hers Only – No Spaces	xpiry Date:	 MM/YY	
☐ Credit Card (Visa, M	C, AMEX)	ziitei ivaiii	sers only the spaces		,	
☐ Money Order (or Certified Cheque) Name:		Name:PRINT CLEA		Signature:		
	NECLADATION:					
AUTHORIZATION AND D		in determined to be followed:	islanding consocied assumble to the	. annliestiss	u ba invalidatad a addabi	
result in its immediate rejectio	on or in the revocation	of an offer of admission or regis	sleading, concealed or withheld, my tration at The Michener Institute of	• • •	•	
that an application information	i and an supporting do	cumentation are truthful, comp	iete and correct.			
Charles Cinner			D			
Student Signature:			Da	ite:		
OFFICE USE ONLY:						

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Date

Registrar's Office Staff Name

Processed By: _