

## INTERNATIONAL STUDENT APPLICATION

**For College use:** Student ID: \_\_\_\_\_ Date Received: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Have you ever applied to MacMillian Institute of Applied Health Sciences College before?

Yes  NO

**FULL LEGAL NAME – [This must match your Passport:**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle Name

**CONTACT INFORMATION**

\_\_\_\_\_  
Apt/Unit

\_\_\_\_\_  
Mailing Address (must be student's residential address)

\_\_\_\_\_  
City/Municipality

\_\_\_\_\_  
Province / State

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
E-mail Address your Personal e-mail address - Native Language  
(We use this for student service and other communication)

\_\_\_\_\_  
Cell phone

**PERSONAL AND CITIZENSHIP INFORMATION**

Gender: Male  Female

Do you have a valid study permit?

Do you need disability accommodation?

Yes \_\_\_\_\_ No

Yes  No

\_\_\_\_\_  
Country of Birth

If yes, please fill the below:

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
day/ Month/ Year

Expiry date: \_\_/\_\_/\_\_/\_\_  
day / month/ year

\_\_\_\_\_  
Type of disability

**PROGRAM CHOICE Refer to programs Be sure to apply to at least one Open Enrolment Program**

**Program Choice 1**

**Program Choice 2**

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Year

\_\_\_\_\_  
Year

Winter/(January)

Summer(May)

Fall(September)

**Secondary/High School**

Have you graduated from High school?  Yes  No  
If No, when will you graduate?

**PREVIOUS POST-SECONDARY EDUCATION**

Institution Name: \_\_\_\_\_ Location: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Location: \_\_\_\_\_

**EDUCATION CONSULTANT / AGENT CONTACT INFORMATION**

\_\_\_\_\_  
Company Name Phone Number

\_\_\_\_\_  
Contact Person's Name Email address

**INFORMATION WAIVER**

I, here by give permission for MacMillian Institute of Applied Health Sciences College to disclose personal information to my pertinent to my admission and studies at MacMillian Institute of Applied Health Sciences to the following, I understand, that I can revoke this permission in writing at anytime

Parent / Guardian/ Other Name \_\_\_\_\_

Consulting Company Name \_\_\_\_\_

Partner School Name \_\_\_\_\_

Please allow the designated person/s access to the following information from:

\_\_\_\_\_ to \_\_\_\_\_  
(day/month/year) (day/month/year)

**Registration Information Admission Status Other**

MacMillian Institute of Applied Health Sciences-College collects personal information on students to fulfill its mandate in the educational process and in compliance with the Freedom of Information and Protection of Privacy Act of Ontario. Personal Information is any information that enables identification of an individual such as name, address, telephone number of any identifying number or symbol assigned to you

**EMERGENCY CONTACT INFORMATION Student's immediate family only**

\_\_\_\_\_  
Surname /last / First Given Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Phone number

**DECLARATION OF APPLICANT**

1. Have you ever been suspended / expelled from a post-secondary institution?

YES  NO

2. I certify all statements on the application are true and complete. I understand that falsifying documents or information on this application will result in Have you ever been suspended / expelled from immediate permanent dismissal from the College. I understand information on falsified documents may be shared with the Association of Registrars of Universities and Colleges of Canada (ARUCC).

3 I agree to abide by the rules and regulations of the College as published in the online Calendar, and those of the department and program in which I shall be registered, and any changes which may be made while I am a student at the College.

4 The information on this form is collected under the authority of the College and Institute Act. I understand this information, along with subsequent information placed in my student record will be used for purposes of admission, registration, research, and alumni development. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection and use of this information should be directed to the Registrar

I have read and understand the above statements.

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Signature of Application

\_\_\_\_\_  
Date: yy/mm/dd

## Application Checklist

- Application.** Please use fillable PDF  
Type all information. Print and sign the document exactly as you have signed your passport
- Information waiver.**  
Please indicate all those who are allowed access to your admission and registration information. If you do not wish anyone to have access to your information, then leave information blank. Permission can be revoked by informing the international office in writing anytime
- Scan of passport + study permit (if applicable).** Please include the biographical information page of your passport that includes passport number, issuance and expiry dates, photo, name, date and place of your birth. If your signature is not on this page, please also scan the page where your signature is show
- Transcripts.**  
Original language and translated and notarized/certified copies if in a language other than English. Must have a minimum GPA of **60% equivalent or greater**. Please note that all transcripts submitted are retained by college and will not be returned to you. Please contact International Admissions to re a return at submission.
- Proof of graduation.**  
Original. language and certified original copies if in a language other than English.
- Proof of English,** (IELTS or TOEFL) or proof of acceptance to a pathway partner, if applicable.
- \$100.00 CAD application fee receipt. Pay at the Flywire Payment Portal for MacMillian Institute of Applied Health Sciences College.flywire.com. Note: Before making an application fee payment, please contact Anu Kalra at the College via email [macmillianinstitute@gmail.com](mailto:macmillianinstitute@gmail.com) to confirm program availability. This \$100 application fee is non-refundable
- Student's email address and phone number is on the application?
- Student's current home address is on the application?
- Student has signed the application, the same way they have signed their passport

### Important submission process:

All documents should be sent to MacMillian Institute of Applied Health Sciences College office

### Mailing address

Administrator: Anu Kalra

MacMillian Institute of Applied Health Sciences College

55 Town Centre Crt. Suite # 700 Toronto On. M1P4X4. Canada

Ph.: 647 219 4887

Email: [macmillianinstitute@gmail.com](mailto:macmillianinstitute@gmail.com)

[Anumoosa1@gmail.com](mailto:Anumoosa1@gmail.com)

## The following is legal and binding

### Check the box that applies

- I confirm that I have never applied for a Study Permit (Visa) or Visitor visa or any other Immigration process or procedure to Canada.
- I confirm I applied for a Study Permit (Visa) or other immigration process to Canada and has been refused, I have attached the refusal letter with my application.
- I confirm that. I have a valid Study. Permit. The.expiry.date.of.my. Study. Permit is...\_\_\_\_\_. / . \_\_\_\_\_. / . \_\_\_\_\_.  
Day.....Month....Year
- I confirm that it is at the sole discretion of MacMillian Institute of Applied Health Sciences College to proceed with my application or refuse it. By submitting an application to, MacMillian Institute of Applied Health Sciences College I understand these terms and agree to them. I understand if MacMillian Institute of Applied Health Sciences College refuses to accept my application the decision is final.
- I confirm that my consultant's staff has witnessed me signing this document or in case where this document has been dropped off to their office, I has submitted my passport signature page for them to cross reference my signature.
- I confirm acceptance that this document is legal and binding and violation of any condition of this agreement will result in forfeiture of 50% fees of my tuition and fee deposit to MacMillian Institute of Applied Health Sciences College. by signing the MacMillian Institute of Applied Health Sciences College application form, I agreed to these conditions.