



APPLICATION FOR ADMISSION

Have you applied to MCC before? No Yes If yes, your previous student ID# _____

This application is submitted by: Self Recruitment Representative: _____

Program	Intake Term		Program of Choice	
	<input type="checkbox"/> Winter I	(September – December)	<input type="checkbox"/> Business Communication	(English Bridging)
	<input type="checkbox"/> Winter II	(January – April)	<input type="checkbox"/> Hospitality Operations Diploma	(1 year)
	<input type="checkbox"/> Summer I	(May – June)	<input type="checkbox"/> Global Management in Hospitality Diploma	(2 years)
	<input type="checkbox"/> Summer II	(July – August)	<input type="checkbox"/> International E-sport Management Diploma	(2 years)

Release of Information: I hereby acknowledge that by completing and signing this application form, my personal information and application details may be shared by the staff of MCC, its authorized representatives and related officials.

Personal Information

Last Name	First Name	Preferred Name (English Name, Nickname, etc., if applicable)	
Date of Birth (YYYY/MM/DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship	
Contact Phone Number	Other Phone Number	Email Address	

Residential Address

City	Province	Country	Postal Code
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Mailing Address (if different from above)

City	Province	Country	Postal Code
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Education History

Name of Secondary School	Location of Secondary School City _____ Country _____		
Successful Completion of Secondary School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Post- Secondary School	Location of Secondary School City _____ Country _____		
Successful Completion of Post-Secondary School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Contact

Name	Relation to you	Phone Number	Email Address
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Do you have any valid status in Canada? Yes No
If applicable, what is your status in Canada? Student Permanent Resident Canadian Citizen Other _____

Application Fee

A non-refundable application fee of \$200.00 CAD is payable with the submission of this application.

Method of Payment	<input type="checkbox"/> Credit Card <input type="checkbox"/> Interac Payment <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
If paying by Credit Card,	Card Number	Expiry Date (MM/YYYY)	Name on Card	

Declaration

- ✓ I declare that all information and/or supporting documents submitted herewith this application is true and genuine.
- ✓ I understand by providing falsified information and/or documents will result in dismissal from the college without prior notice.
- ✓ I authorize Metropolitan Community College to use my personal information for the purpose of providing academic and supporting services.
- ✓ I authorize Metropolitan Community College to verify the authenticity of my information and supporting documents.
- ✓ I acknowledge that I am fully aware and agree on tuition fees disclosed by Metropolitan Community College.
- ✓ I acknowledge and agree that Metropolitan Community College may share my information including my academic standing with other institutions and government agencies.
- ✓ I acknowledge the responsibility to be aware of and to comply with the existing policies and procedures of Metropolitan Community College.

Applicant Signature	Date (YYYY/MM/DD)
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