COLLEGE PROCEDURE

PROCEDURE TYPE: ACADEMIC

PROCEDURE TITLE: ENROLLMENT CONTRACT: DOMESTIC

PROCEDURE #: ACAD–101.1

RESPONSIBILITY: HEAD OF ACADEMIC

APPROVED BY: MACMILLIAN INSTITUTE OF APPLIED HEALTH SCIENCES COLLEGE

EFFECTIVE DATE: DECEMBER 2014

REVISIED: DECEMBER 2019

REVIEW DATE: DECEMBER 2027

STUDENT ENROLMENT CONTRACT DOMESTIC

THIS ENROLMENT CONTRACT IS SUBJECT TO THE PRIVATE CAREER COLLEGES ACT, 2005 AND THE REGULATIONS MADE UNDER THE ACT.

The undersigned person hereby enrolls as a student of as of for the following:

Name:	Date:	D.O.B
Name of the Program: FSW		
Commencing On:		
Credential to be awarded upon successfully completion of the program:		
Mailing Address:		
City: Toronto	Prov: ON	Postal Code:
Phone:	Alt. Phone:	Cell:
Permanent address (if different from above) :		Address: Same as above
City:	Country:	Postal Code:
International Student:	☐ Yes	☐ No
Language of Instruction:	☐ English	☐ Other
Additional Training Location Placement:		
Location of Practicum (if any) To be established:		
Class Schedule: Mon- Friday: 9:00-9:00 PM (Schedule can change) Saturday; 9:00-5:00PM		

Admission Requirements

☐ Have an Ontario Secondary School Diploma or equivalent; or

☐ [Insert admission requirements set by the Superintendent of Private Career Colleges]; or

☐ Be at least 18 years of age (or age specified in program approval) and pass a Superintendent approved qualifying test; and

☐ [Insert additional requirements, if any, set by the college]

COLLEGE POLICIES: Policies to be read by the student at the time of Enrollment

☐ Enrollment Contract

☐ The Statement of Students' Rights and Responsibilities.

☐ The College's Fee Refund Policy

☐ The Consent to Use of Personal Information

☐ The Payment Schedule

☐ The College's Student Complaint Procedure

☐ The College's Policy Relating to the Expulsion of Students

☐ The College's Sexual Violence Policy

☐ Academic Integrity

☐ Mode of instruction [DL]

I certify that I have read and understood this Enrolment Contract.

_____   _____

Signature of Student   Date

Program Fees

Tuition Fees (A)	Amount	Description
Tuition Fees	$	Tuition Fees
Compulsory Fees (B)		
Book Fees	$	Book Fees
Expendable Supplies	$	1. Confirmation after registration–non- refundable fees
Field Trips	$	Field Trips
Major Equipment	$	uniform, apron cap
Professional and Exam Fees	$	Professional Certification:
Uniform	$	Uniform
Equipment	$	Equipment
Other	$	Other Fees
International Student Fees (C)		
International Students Fees	$	International Students Fees
Optional Fees		
Optional Fees	$	Graduation

Acknowledgement:

Optional fees (specify)   CAN$_____

Total fees   CAN$_____

MacMillian Institute of Applied Health Sciences does not guarantee employment for any student who successfully completes a vocational program offered bythem.

The undersigned student is entitled to a copy of the signed contract immediately after it is signed.

The undersigned student hereby undertakes and agrees to pay the fees specified in this Enrolment Contract in accordance with the terms of this Enrolment Contract.

_____   _____
Signature of Student   Date

MacMillian Institute of Applied Health Sciences agrees to supply program to the above-named student upon the terms herein mentioned. [Insert name of college] may cancel this Enrolment Contract if the above-named student does not meet the admission requirements of [insert name of program] before the program begins.

The above-named student is entitled to a copy of the signed contract immediately after it is signed.

_____   _____
Signature of Student   Date

Policy for Fees:

It is understood that fees are payable in accordance with the fees specified in this Enrolment Contract and all payments of fees shall become due forthwith upon a statement of accounting being rendered. [Insert name of college] reserves the right to cancel this Enrolment Contract if the undersigned student does not attend classes during the first 14 days of the program begins.

For information regarding cancellation of this Enrolment Contract and refunds of fees paid, see sections 25 to 33 of O. Reg. 415/06 made under the Private Career Colleges Act, 2005.

Payment Schedule

For programs approved for student loan purposes, the Payment Schedule may be completed at the time of the receipt of the Canada-Ontario Integrated Student Loans Certificate of Loan/Grant Approval and Eligibility. It must be attached to the original contract.

1. Payments prior to signing contract (if any) CAN$_____
2. Payments after signing contract CAN$_____
3. Amount due CAN$_____

The undersigned student hereby undertakes and agrees to pay, or see to payment of, the fees indicated above in accordance with the terms of this Enrolment Contract

_____   _____
Signature of Student   Date

Consent to Use of Personal Information

Private career colleges (PCCs) must be registered under the Private Career Colleges Act, 2005, which is administered by the Superintendent of Private Career Colleges. The Act protects students by requiring PCCs to follow specific rules on, for example, fee refunds, training completions if the PCC closes, qualifications of instructors, access to transcripts and advertising. It also requires PCCs to publish and meet certain performance objectives that may be required by the Superintendent for their vocational programs. This information may be used by other students when they are deciding where to obtain their training. The consent set out below will help the Superintendent to ensure that current and future students receive the protection provided by the Act.

I, _____ ,(students Name) allow MacMillian Institute Of Applied Health Sciences insert to give my name, address, telephone number, e-mail address and other contact information to the Superintendent of Private Career Colleges for the purposes checked below:

☐ To advise me of my rights under the Private Career Colleges Act, 2005 including my rights to a refund of fees, access to transcripts and a formal student complaint procedure; and

☐ To determine whether MacMillian Institute Of Applied Health Sciences has met the performance objectives required by the Superintendent for its vocational programs.

I understand that I can refuse to sign this consent form and that I can withdraw my consent at any time for future uses of my personal information by writing to [add contact information of college]. I understand that if I refuse or withdraw my consent the Superintendent may not be able to contact me to inform me of my rights under the Act or collect information to help potential students make informed decisions about their educational choices.

_____   _____

Name of Student (Print)   Date (yy/mm/dd)

_____   _____

Signature of Student   Date (yy/mm/dd)