

IEP Admission Form

PROGRAM DATES

Program Start Date: _____ Number of Months: _____

STUDENT INFORMATION

☐ Male ☐ Female Family Name*: _____

First (Given) Name*: _____ Middle Name(s): _____

Telephone: _____ Date of Birth (yy/mm/dd)*: _____

Home Address: _____ City/Town: _____

Country: _____ Postal Code: _____

Country of Origin*: _____ Passport Number*: _____

Student Email*: _____ *Indicates required information

Agency: _____ Agency Email: _____

ACCOMMODATION INFORMATION

What is your preferred accommodation? (Please check one) ☐ Homestay ☐ Residence ☐ Tuition Only

Have you included your accommodation form? ☐ Yes ☐ No

Please Note: We will try our best to accommodate each student. Early admission is recommended. Include your agent's/university email address on the Accommodations Application.

ADMISSION FEE (NON-REFUNDABLE*)

A \$300 admission fee is required with your application.

Students who have completed 15% or less of their program qualify for a 50% tuition refund. Admission and accommodation fees are non-refundable.

*The \$300 admission fee is only refunded to applicants whose visa application is refused. Documentation must be provided.

I have read and understand the refund policy as stated above.

Signature _____

Date _____

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purposes of registration, communication, and to facilitate payment. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

OFFICE USE

Cohort: _____

PLEASE INDICATE TYPE OF PAYMENT

☐ Bank Transfer – Please contact our department for more information at: iep@umanitoba.ca

☐ Cheque/Money Order – Payable to the University of Manitoba (post-dated cheques can not be accepted).

☐ Payment by Credit Card – Complete the following section.

☐ Visa ☐ MasterCard Credit card number: _____ Expiry date: _____

Card holder's name (as it appears on the card): _____ Amount \$ _____

Authorizing signature: _____