



Application Form for Communication Skills for Health Professionals 2012

How to Apply

1. Download and complete the Application Form. If a question does not apply to you, write "N/A" beside that question.
2. Print the Form. Submit 1 copy with required documentation to us and keep a copy for your records.
3. Sign and date the Form.
4. Mail, fax or drop off your completed Application Form and required documents to:

Mount Royal University, Office of International Education
 Communication Skills for Health Professionals
 East B Building, Room EB3021
 4825 Mount Royal Gate SW
 Calgary, Alberta
 T3E 6K6

Phone: 403.440.5125
 Fax: 403.440.5155
 E-mail iehp@mtroyal.ca

Have you previously applied to or have you ever attended Mount Royal University? Yes No
 If YES, your ID number

Fall Term Dates: September 6 – November 29, 2012

Application Deadline: August 2, 2012 (If applicable: Please allow time for the visa process.)

PERSONAL INFORMATION		
Last Name (Family name)	First Name (legal)	Middle Name (legal)
Previous Name (if applicable)	Mailing Address	
City	Province	Postal Code
Telephone - Home	Fax	
Cell Phone	Email	
Birthdate dd mm yy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other

EMERGENCY CONTACT			
Name		Relationship	
Mailing Address			
City	Province	Telephone	Email

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Please submit these Required Documents with your Application Form:

- Application Form. Sign and date in INK.
- Copy of Permanent Resident or Citizenship Card (both sides) (if applicable).
- Copy of educational qualifications and/or certificates that prove your professional status.
- Copy of certificate/s to prove your language proficiency.

Declaration

I have read and understood all the information accompanying this application form. All statements made on this application are true and complete. I understand that misrepresentation, falsification of documents or withholding requested information are serious offenses which will result in the cancellation of my admission and registration at Mount Royal University. If I am admitted, I accept the rules and regulations in existence as amended from time to time by the Board of Governors of Mount Royal University.

Yes, I understand the above information.

Signature: _____ Date: _____

Freedom of Information and Protection of Privacy

The information that you provide on this form is collected under the authority of Alberta's Post-secondary Learning Act and Freedom of Information and Protection of Privacy Act. The information will be used for processing your application, determining the eligibility for the program, and for statistical purposes. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. We treat your information with respect and care and use it to serve you better. If you have any questions about the collection or use of this information, contact the Manager of the Languages Institute at 403-440-5100.

By signing your application form, you are giving permission for the collection, use and disclosure of your personal information for the above purposes.