

4825 Mount Royal Gate SW, Calgary AB T3E 6K6

T: 403.440.6872 E: tvpm@mtroyal.ca

W: mru.ca/tvp/prepare

The Transitional Vocational Program offers a variety of unique post-secondary opportunities designed to foster employment, and academic and personal growth. The Employment Preparation Certificate program serves adults who have graduated or previously participated in vocational, integrated occupational, individual modified academic or special education programs.

Enrolment is limited. It is to your advantage to apply during the priority application period (January – March 31, 2021) since the program can accommodate only a limited number of students.

Application Process

1. Complete this application and submit with a **non-refundable \$150 application fee** (this includes the assessment fee).
- **Early Bird** applications received by January 29, 2021 will receive a discount of **\$50** (Fee= \$100).

2. You may pay by cash, debit, Visa, MasterCard, cheque, or money order made payable to *Mount Royal University*.

3. Mail application: Continuing Education Registration Services **Or: Secure Fax: 403.440.6743**
Mount Royal University
4825 Mount Royal Gate S.W.
Calgary, AB T3E 6K6

Priority Application Period: January 1 – March 31, 2021

4. Applicants will be contacted to schedule an interview with a program staff member.

5. A Student Medical Information Form will be provided at the interview (to be completed by a physician). It is suggested this form be completed as soon as possible as it is required for stage two assessment. If the applicant is invited to stage two, the completed form must be submitted to the TVP Office on or before the first day of assessment.

6. Applicants invited to stage two assessment will receive a letter indicating the date/time/location and any special instructions.

7. Those selected for the Employment Preparation Certificate program will be notified by the first week of June 2021.

Program start date: September 1, 2021

Tuition

Tuition for the program is \$6,706 (subject to change without notice; GST exempt). Additional fees for books, course materials, supplies and recreation are approximately \$500.

Fee payment due: August 16, 2021

Financial Assistance

Financial support may be available. Please call the TVP office for details at 403.440.6872.

Withdrawal Policy

To be eligible for a refund, **written withdrawal** from a course/seminar must be received **no later than 10 working days before the start date** (excluding Saturdays, Sundays and Statutory Holidays). Written withdrawal received less than 10 days in advance is not eligible for a refund. Withdrawals may be submitted by **E-mail:** ceregservices@mtroyal.ca **Fax:** 403.440.6799 **or Mail:** Mount Royal University, CE Registration, 4825 Mount Royal Gate SW, Calgary AB T3E 6K6. Quote: student ID number, CRN (Course Reference Number), course name, start/end dates, full legal name, date of birth, address, phone number. All withdrawal refunds are subject to an administration fee of 10% of the course/seminar tuition (max. \$50 per course.)

For More Information

Telephone: 403.440.6872

E-mail: tvpm@mtroyal.ca

Website: mru.ca/tvp

Application for Admission

Transitional Vocational Program Employment Preparation Certificate Program

4825 Mount Royal Gate SW, Calgary AB T3E 6K6
T: 403.440.6872 E: tvp@mtroyal.ca
W: mtroyal.ca/tvp/prep

PLEASE PRINT CLEARLY

Term applied for: 2021-22

Have you previously applied to a program at or attended Mount Royal University? Yes No

If yes, your MRU ID Number.:

--	--	--	--	--	--	--	--	--	--

Alberta Student Number:

--	--	--	--	--	--	--	--	--	--

Personal Information

Last Name (Legal)		First Name (Legal)			Middle Name (Legal)		
Previous Name (if applicable)	First Name (Preferred)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date	dd	mm	yy	
Mailing Address (Street/PO Box No.)							
City/Town		Province/Country		Postal Code			
Telephone - Home ()		Telephone - Business ()		Telephone - Cell ()			
Fax (if available)		E-mail Address					
First Language (you learned and still understand):							
Country of Citizenship:							
Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Permit <input type="checkbox"/> Refugee <input type="checkbox"/> Other							
If you are a Canadian citizen and wish to declare that you are an Indigenous person, please specify: Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>							
Do you have a Legal Guardian? (If Yes, submit a copy of court documents proving guardianship to TVP prior to program start.)					<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Legal Guardian Name							
Legal Guardian Telephone ()			Legal Guardian Cell Phone ()				
EMERGENCY CONTACT - Next of kin or someone who should be notified in case of an emergency							
Emergency Contact Name				Relationship			
Telephone - Home ()		Telephone - Business ()		Telephone - Cell ()			

PREVIOUS EDUCATION AND AGENCY INVOLVEMENT				
Highest level of education completed: <input type="checkbox"/> some high school <input type="checkbox"/> high school diploma/certificate <input type="checkbox"/> some post-secondary				
Most recent high school / agency attended	City / Province	From: yy / mm	To: yy / mm	Program
PREVIOUS EMPLOYMENT, WORK, OR VOLUNTEER EXPERIENCE				
1. Employer		From: yy / mm	To: yy / mm	<input type="checkbox"/> Employment <input type="checkbox"/> Work Experience <input type="checkbox"/> Volunteer Experience
Position		City / Province		Telephone ()
Duties		Reason for Leaving		
2. Employer		From yy / mm	To yy / mm	<input type="checkbox"/> Employment <input type="checkbox"/> Work Experience <input type="checkbox"/> Volunteer Experience
Position		City / Province		Telephone ()
Duties		Reason for Leaving		
3. Employer		From: yy / mm	To: yy / mm	<input type="checkbox"/> Employment <input type="checkbox"/> Work Experience <input type="checkbox"/> Volunteer Experience
Position		City / Province		Telephone ()
Duties		Reason for Leaving		
ADDITIONAL INFORMATION				
How did you first hear about the program? <input type="checkbox"/> Teacher at high school <input type="checkbox"/> Parent or family member <input type="checkbox"/> Agency referral <input type="checkbox"/> Referral from previous student <input type="checkbox"/> Student for a Day <input type="checkbox"/> Mount Royal University website <input type="checkbox"/> MRU Continuing Education Calendar <input type="checkbox"/> Resource fair, please specify <input type="checkbox"/> Other, please specify _____		Present source of income <input type="checkbox"/> AISH <input type="checkbox"/> Social Assistance <input type="checkbox"/> Employment <input type="checkbox"/> Parents <input type="checkbox"/> Other, please specify _____		Source of funding for payment of tuition fees <input type="checkbox"/> Self <input type="checkbox"/> RESP (Registered Education Savings Plans) <input type="checkbox"/> Alberta Works <input type="checkbox"/> Advancing Futures <input type="checkbox"/> Other, please specify _____

Freedom of Information and Protection of Privacy The personal information that you provide on, or with, this form is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act in the Province of Alberta, Section 33(c). This information will be used for academic administration, the administration of Mount Royal support services, scholarship and financial aid awards, marketing and recruitment activities and in compliance with data sharing agreements with the Students Association of Mount Royal. The complete statement is available in the academic calendar and at mtroyal.ca. Further information is available at mtroyal.ca/cefoip.



Continuing Education
and Extension

Method of Payment

MRU values the security of your personal information. In accordance with the Payment Card Industry standards, MRU is no longer processing credit card data received over our email system. **Please submit completed forms via one of the following methods:**

Mail: Mount Royal University
Continuing Education and Extension Registration Services
4825 Mount Royal Gate SW
Calgary, AB T3E 6K6

Fax: 403.440.6743

Payment Information

Student Name

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)
--------------------------	---------------------------	----------------------------

Student ID, if known

--	--	--	--	--	--	--	--	--	--

<input type="checkbox"/> Cash/Debit (in person only) <input type="checkbox"/> Cheque (Mount Royal University) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order	
Credit Card #	Expiry Date
Cardholder Name	Cardholder's Signature

DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL