



APPLICATION FOR PROGRAM CERTIFICATE

| | |
|------------------------|-------|
| Office Use Only | |
| Student ID | _____ |
| Course ID | _____ |
| Term | _____ |

Please submit this form and fee for your program choice. **Please Print Clearly.**

PROGRAM YOU ARE APPLYING FOR

PERSONAL INFORMATION

Your name will appear on your certificate/transcript as indicated below.

LAST NAME _____ First _____ Middle _____

MAILING ADDRESS _____

City/Town _____ Province _____ Postal Code _____

PHONE NUMBERS: Home _____ Business _____ Cell _____ Fax _____

E-MAIL ADDRESS _____ DATE OF BIRTH _____ / _____ / _____
Year Month Day

FIRST LANGUAGE _____

BENCHMARKS _____
(Attach relevant language assessment documents if English is not your first language)

EMERGENCY CONTACT _____ / _____ / _____
Home # Work # Cell # Name/Relationship

EDUCATION BACKGROUND

Highest level of formal education _____ Date _____

Name and Location _____

Additional employment-related training/courses or professional standing achieved (Attach photocopies of certificates)

Date _____

Date _____

Attendance Policy

If you are receiving outside funding for your studies, (ie. Canada Student Loans, ETS, etc.) there is a requirement for us to inform your funder if you have been absent for 5% (three days) of your course hours. This will be done after three absences for any reason.

After 10 absences, you may be withdrawn from your studies, without refund and without receipt of credit.



Refund Policy (Applied to Courses of More than 120 Hours)

This Refund Policy specifically refers to the following Certificate Programs: Educational Assistant Certificate, Health Unit Clerk Certificate, Health Care Aide Certificate and Veterinary Office Assistant Certificate.

The St. James-Assiniboia School Division’s Continuing Education Program is committed to the complete satisfaction of our students. We strive for excellence and we endeavor to make our student’s experiences and studies fulfilling and rewarding.

NOTE:

- Application fees are non-refundable.
- Any materials supplied as part of the tuition will be deducted from final refunds, unless returned in brand new condition.
- All refund requests must be made in writing, or will not be considered.

Refunds as follows:

- Full refund (less application fee) up to five working days prior to course start date.
- 90% (less application fee and applicable material costs) if cancelled during the first week of class.
- 80% (less application fee and applicable material costs) if cancelled during the second week of class.
- 70% (less application fee and applicable material costs) if cancelled during the third week of class.

If you are required to leave the program due to a medical reason, you will be refunded your fees on a pro-rated basis,; determined by the date of your written request. A medical certificate will be required.

No refunds granted after the third week of class has been completed.

Any outstanding fee or payments owing will be legally obliged to be paid after the third week of classes are complete.

Your signature indicates that you have or will pay your fees by the required date with full knowledge that you are paying for the opportunity to take the training and are in no way assured of a successful outcome. If you voluntarily withdraw from the course for any reason, you are responsible for payment as outlined in our Refund Policy. If for any reason the Program is cancelled, a full refund of fees will be provided.

I DECLARE that I have read and understood the refund & attendance policies for certificate programs as well as the information on this application form, and that all statements made with respect to this application are true and complete.

I AUTHORIZE St. James-Assiniboia Continuing Education Program to provide relevant personal information to Manitoba Finance and the Canada Revenue Agency. This information will be used to verify my eligibility for rebates under the Manitoba Tuition Fee Income Tax Rebate Program for the administration and enforcement of the Income Tax Acts of Manitoba and Canada.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, and will be used and disclosed for the purpose of registration and communication.

Signature of Applicant _____ Date _____