

Application Form

Return to:
Student and Instructor Services
185 Extended Education Complex, University of Manitoba
Winnipeg, MB R3T 2N2

204-474-9921
Toll Free: 1-888-216-7011 ext. 9921
Fax: 204-272-1626

Application for :

- Applied Business Management
- Applied HRM

Date applied for :

- Apr Sept Jan
- 2017 2018 2019

PLEASE INCLUDE THE FOLLOWING IN YOUR APPLICATION:

- Please include a translated copy of your academic transcript.
- Please include a copy of your passport.
- Please include proof of English language proficiency. (i.e. IELTS, TOFEL pBT, TOFEL iBT)

STUDENT INFORMATION:

*Family Name: _____

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

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

Home Address: _____ City/Town: _____

Country: _____ Postal Code: _____

*Citizenship: _____ *Passport Number: _____

* Student Email: _____ Agency: _____

Agency Email: _____ **Indicates required information*

WORK HISTORY: (please complete in full)

Job Title: _____ Employer: _____

Start Date: _____ End Date: _____

Job Responsibilities:

APPLICATION FEE**

A \$300 fee is required with your application. The fee is non-refundable and non-transferable.

PROGRAM FEES**

Application Fee (non-refundable): \$300	
Course Fees: \$12,000.00 \$2,000 tuition deposit (non-refundable) due upon admittance.* \$10,000 balance due one month prior to start date of program.	
TEXTBOOK FEES ARE NOT INCLUDED. *A REFUND MAY BE CONSIDERED IF VISA APPLICATION IS DECLINED AND FORMAL DOCUMENTATION FROM THE CANADIAN EMBASSY IS PROVIDED. ** FEES SUBJECT TO CHANGE.	TOTAL \$12,300.00

OFFICE USE

Cohort: _____

PLEASE INDICATE TYPE OF PAYMENT

All applicable fees must accompany program application form.

- Bank Transfer – Please contact our department for more information at: fis@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

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

Authorizing signature: _____

Credit card number: _____ Expiry date: _____