

5751 Signal Hill Centre SW Calgary, AB, T3H 3P8 430-542-9928 beautymakerinstitute@gmail.com www.beautymakerinstitute.com

Application for Admission

HOW TO APPLY:

Complete the attached application in full and enclose your application fee, pre-requisite fees if applicable, and tuition deposit with the following documentation:

- High School Diploma or Equivalent. Note: Applicants who do not have a high school diploma or
- * equivalent will be required to complete the Canadian Achievement Survey Test (CAST)
- Completed Consent to Release Information Form.
- Copy of Passport with Photo ID.
- Current Resume.

You are strongly encouraged to submit in all the above noted documentation to receive your Conditional Acceptance in a timely manner. Applications are processed as they are received, and prospective students are assessed and monitored for suitability throughout the Admissions process.

Students who have attended a post-secondary institution are responsible for submitting transcripts from each institution attended. One copy of transcripts from all post-secondary institutions are required.

Applicants educated outside Canada should contact the appropriate agency in their area. If your educational transcripts are not printed in English, you must also provide certified English language translations.

Translations must be complete, literal, word-for-word and in the same format as the original document.

To ensure processing without delay, please follow the instructions on the application form carefully. A complete application, which meets all requirements, does not constitute a guarantee of acceptance.

Classes may fill months prior to the commencement of classes so every attempt should be made to submit your application as early as possible. Late applications will be accepted until commencement of classes if space is available.

Applications received after the class is full but prior to the application deadline date may be placed on a waiting list or may request enrolment in the subsequent class.

PERMANENT OR LEARNING DISABILITY ACCOMMODATIONS

Students who have diagnosed special needs and require accommodations are required to identify themselves as such during the admission process to ensure that necessary and appropriate documentation is submitted.



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PRIOR LEARNING ASSESSMENT (PLA)

An applicant who has successfully completed prior post-secondary education that is like education taught at Beauty Maker has the ability to request a Prior Learning Assessment (PLA).

It is the applicant's responsibility to request the PLA when submitting their application. PLA's are only done upon receipt of the official request for *Prior Learning Assessment Application*, along with the following supporting documentation:

- a) Official, sealed transcript from the institution where the course(s) were completed.
- b) An outline of the total course hours, from each course being assessed.
- c) Detailed course outlines from the institution for all courses the applicant is seeking equivalency for.

Beauty Maker strives to complete PLA's within three business weeks; however, submission of incomplete or irrelevant documentation and information will cause a delay in processing.

The PLA will determine whether a student will be exempt from courses within the Beauty Maker program or if they will be required to challenge for course credit by completion of examination(s).

In some instances, a PLA may result in determining that a student is not eligible for exemption or challenge of any course within Beauty Maker programs.



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		Date (YYYY/MM/DD):	
PERSONAL INFORMATION		2 Chan Name	
1 Family Name		2 Given Name	
3 Date of Birth (YYYY/MM/DD)		4 Student ID Number	
5 Certificat d'acceptation du Québec (CAQ) or Ministère de		l'Immigration, Diversité et Inclusion (MIDI) letter CAQ Number Expiry / /	
6 Student's full mailing addres	SS	l .	
P.O. Box	Apt./Unit	Street no.	Street name
City/Town	Country	Province/State	Postal Code
INSTITUTIONAL INFORMATION		_	
7 Full name of institution		8 Designated learning institution number	
9 Address of institution			
P.O. Box	Street no.	Street Name	
City/Town	Province/Territory	Postal Code	
10 Telephone number Exter	nsion 11 Fax number	Type of School/Institution Public Private	
13 Website		14 Email	
15 Name of contact	Position	Telephone number	Extension
16 Name of alternate contact	Position	Telephone number	Extension
PROGRAM INFORMATION			
Academic status Hours of instruction per week Full-time Part-time		18 Field/Program of Study	
19 Level of study		Type of training program Vocational Academic Professional Other	
21 Exchange program ☐ Yes ☐ No		Estimated tuition fee for th	e first academic year Fees prepaid: Yes No
Scholarship/Teaching assistantship/Other financial aid: Yes Specify:		Internship/Work Practicum Yes Length:	
No		No Field of work:	
25 Conditions of acceptance spo	ecified as clearly as possible		
26 Length of Program (YYYY/MM/DD) Start date: / /		27 Expiration of letter of acceptance (YYYY/MM/DD)	
Start date: / / Completion date: / / Or minimum years of full-time studies			
Other relevant information:			
Signature of institution representative (e.g., Registrar):			
Printed name of institution representative:			