

#15, 600 Crowfoot Cres NW Calgary, AB, T3G 0B4 430-542-9928 admin@beautymakerinstitute.ca www.beautymakerinstitute.ca

# **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					
1 Family Name		2	2 Given Name		
3 Date of Birth (YYYY/MM/DD)		4	Student ID Number		
5 Certificat d'acceptation du Québec (CAQ) or Ministère de					
		CAU	נוענווטפו	Expiry / /	
6 Student's full mailing address   P.O. Box Apt./Unit		Stre	et no.	Street name	
P.O. BOX	Apt./ Offic	Sue	et no.	Street hame	
City/Town	Country	Pro	vince/State	Postal Code	
7 Full name of institution		8 Designated learning institution number			
9 Address of institution					
P.O. Box Street no.		Stre	Street Name		
City/Town		Dori	Portal Code		
City/Town Province/Territory		Postal Code			
10 Telephone number Exten	sion 11 Fax number	12	Type of School/Institution		
			Public Private		
13 Website		14 Email			
		<u> </u>			
15 Name of contact Position		Tel	ephone number E	xtension	
		(	) -		
16 Name of alternate contact	Position	Tel	ephone number E	xtension	
		(	) -		
PROGRAM INFORMATION					
17 Academic status Hours of instruction per week		18 Field/Program of Study			
Full-time Part-time					
19 Level of study		20 Type of training program			
21 Exchange program		22	Vocational Academic Professional Other		
		~~		ees prepaid: Yes No	
23 Scholarship/Teaching assistantship/Other financial aid:		24	Internship/Work Practicum		
Ves Specify:		<u> </u>	Yes Length:		
No			No Field of work:		
25 Conditions of acceptance specified as clearly as possible					
26 Length of Program (YYYY/MM/DD)		27	27 Expiration of letter of acceptance (YYYY/MM/DD)		
Start date: / / Completion date: / /			/	1	
Or minimum years of full-time studies				<u> </u>	
28 Other relevant information:					
Signature of institution representative (e.g., Registrar):					
Printed name of institution representative:					