



Maritime Environmental Training Institute
465 George Street
Sydney, NS
B1P 1K5

Telephone: (902) 539-9766
Fax: (902) 567-1029
www.metiatlantic.com

STUDENT APPLICATION FORM

PROGRAM: **ENVIRONMENTAL HEALTH, AND SAFETY TECHNICIAN**

In total, the Program is 18 weeks (38 hours per week) in duration with 670 hours of instruction and hands-on-training. The total cost of the Program is \$8,750. The Program will commence on October 4, 2010 and will run for 19 weeks, due to holidays.

Applicant Information:

FULL NAME: _____

ADDRESS: _____
Street/ P.O. Box, Postal Code

TELEPHONE: _____
Home/Cell

NEXT of KIN: _____
Name, relationship, phone number

Education:

Education level of Grade 12 or Mature Student Status (over age 25) is mandatory for this program.

Please indicate last high school attended _____ . Year _____

Graduated: Yes ___ No ___ Highest Level Completed: _____

Financial Information:

Please indicate whether you intend to apply or have made application for any of the following sources of financing:

Canada Student Loan ___ Federal Government Services ___ WCB ___ Other ___

REGISTRATION

I, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE NOTED:

- (A) I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE INSTITUTE AND THAT I MUST MEET ALL OTHER ENTRANCE REQUIREMENTS PRIOR TO ACCEPTANCE.
- (B) I UNDERSTAND THAT THERE IS A REGISTRATION FEE OF \$100.00, WHICH IS NON-REFUNDABLE. IF ACCEPTED, THE REGISTRATION FEE WILL BE APPLIED TO MY TUITION.
- (C) I WILL BE REQUIRED TO COMPLETE A STUDENT CONTRACT UPON ACCEPTANCE/REGISTRATION.
- (D) UPON ACCEPTANCE/REGISTRATION, I WILL PROVIDE TO THE INSTITUTE, A COPY OF MY GRADE 12 TRANSCRIPT OF MARKS AND/OR COPY OF GRADE 12 DIPLOMA OR EQUIVALENT.

Signature of Applicant _____

Date of Application Submission _____

Parent/Guardian Signature _____

(Applicants under 19 years of age).

Note: APPLICANTS SHOULD ATTACH AN UP TO DATE RESUME OUTLINING EDUCATION, WORK EXPERIENCE AND ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THE SELECTION PROCESS. PLEASE CALL 902-539-9766

OFFICE USE ONLY	
\$100.00 Registration Fee Paid: _____	Date: _____
Acceptance Letter Signed By: _____	