**Summer Program  
Application Form**

a) Fill out form b) Save c) Attach to email d) Send to chenmay@mcmaster.ca

**OR** a) Fill out form b) Print c) Sign d) Mail/Fax (see address/fax below)

##### *General Information*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name Given name Male Female

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (year/month/day)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Province

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country Postal Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number Mobile Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email WeChat ID (only used for correspondence after arrival)

### *Academic Information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From  (Year) | To  (Year) | Name of University / College Attended | Country | Level  Completed |
|  |  |  |  |  |
|  |  |  |  |  |

### *Program Dates and Fees* (please mark the program for which you wish to apply)

e-Health Program July 14 – August 11, 2024 $5,400.00 CAD

Strategies & Communication Skills July 13 – August 4, 2024 $5,000.00 CAD

for Entrepreneurs

Entrepreneurship July 13 – August 4, 2024 $5,000.00 CAD

& Innovation Program:   
Optional Eastern Canada Tour\* $750.00 CAD

**All program fees include**: tuition, accommodation, meal card\*\*, daily excursions, welcome and graduation ceremony, university health insurance, airport pick-up/drop-off and access to university facilities. If possible, dates may be customized upon request.  
  
*\* Entrepreneurship and Innovation Program scheduled Optional Eastern Canada Trip*    
*\*\* meal card value will vary by program and will only partially cover your overall meal costs*

##### *Payment Information*

A non-refundable deposit of $300 CAD (or the entire tuition fee) must be paid with this application form. Please check our website for online payment options: <https://oia.mcmaster.ca/summer-esl>. **Payment is due by June 15, 2024.**

##### *Letter of Acceptance*

Please send my Letter of Acceptance via **regular airmail**

Please send my Letter of Acceptance via **courier (FedEx) - additional** $50 CAD should be enclosed

##### *Please complete and send to us before April 30, 2024*

By Mail: McMaster University By Fax: 001 (905) 546-5212

Office of International Affairs

1280 Main Street W. AMH 203 By Email: oia@mcmaster.ca

Hamilton, Ontario chenmay@mcmaster.ca  
CANADA   
L8S 4K1

### *Applicant Agreement*

A registration deposit of at least $300 CAD must be sent with this application. The deposit is non-refundable unless your visa application is refused by the Canadian Embassy. In this case, please provide us with proof of refusal and your registration fee will be refunded, minus a $50 CAD administration fee.

McMaster University reserves the right to make changes in fees, schedules, and courses without notice, and, to cancel courses if enrollment is insufficient. If a course is cancelled, the full amount of fees paid will be refunded.

I hereby certify that all statements made on this application form are correct and complete. I understand that I may have to provide documentation at some future date to substantiate my claims and that any misrepresentation may result in the cancellation of my admission or registration status.

***Applicant’s Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**