



MARCA
COLLEGE
HAIR AND ESTHETICS

**ENROLLMENT APPLICATION
INTERNATIONAL STUDENTS**

START DATE: _____	CAMPUS:
COURSE: Hairstyling <input type="checkbox"/> Esthetics <input type="checkbox"/>	Danforth: <input type="checkbox"/> Dufferin: <input type="checkbox"/>
DURATION: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Dixie: <input type="checkbox"/> Brampton: <input type="checkbox"/>

*Please Print

FIRST NAME: _____ LAST NAME: _____

MUST be full legal name which will appear on all Marca issued documents

HOME ADDRESS: _____ SUITE: _____

CITY/TOWN: _____ COUNTRY: _____ POSTAL/ZIP: _____

DATE of BIRTH: ____ / ____ / ____ PHONE #: _____ ALTERNATE#: _____
dd / mm / yyyy

E-MAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

HOW DID YOU HEAR ABOUT MARCA COLLEGE?

PAYMENT TYPE: MONTHLY: FULL PAYMENT:

UNIFORM: XS: S: M:

SCISSORS: RIGHT: LEFT:

L: XL: XXL:

ADMISSION REQUIREMENTS – Please attach to Enrolment Application

1. **REGISTRATION PROCESSING FEE \$500.00 (valid for 1 year):** Paid:

Cash: Cheque: Credit Card: Credit Card # _____ Expiry: _____

{OFFICE USE – AMT PD: \$ _____ DATE: _____ RECEIPT # _____ }

2. **PHOTOCOPY OF STUDENT VISA:**

3. **PHOTOCOPY of PROOF of EDUCATION:** (High School, College or University Transcript or Diploma)

4. **RESUME ATTACHED:**

I have attached the above documents as required by the Ministry of Training, Colleges, Universities and MC. I have been made aware of the dress code at MC. I am aware of my financial obligations. Please attach/mail all necessary documents and enrolment fee payable to Marca College and send to your campus of choice (addresses below).*

SIGNED BY APPLICANT

SIGNED BY REPRESENTATIVE

2902 Danforth Avenue, Toronto Tel: (416) 698-2558 Fax: (416) 698-0403
Dufferin Mall, 900 Dufferin Street, Toronto Tel: (416)531-3131 Fax: (416) 531-9613
Rockwood Mall, 4141 Dixie Road, Mississauga Tel: (905) 629-7211 Fax: (905) 629-7212
Kingpoint Plaza, 370 Main Street North, Brampton Tel: (905) 453-3339 Fax: (905) 453-4778