

## GLOW College

### VOCATIONAL PROGRAM ENROLMENT CONTRACT

This Enrolment Contract is subject to the *Private Career Colleges Act, 2005* and the regulations made under the Act. The undersigned person hereby enrolls as a student of GLOW College as of (Today's Date (MM/DD/YYYY): \_\_\_\_\_).

Name of Student                      Mr.    ☐              Miss    ☐  
   Mrs.   ☐              Ms.    ☐ \_\_\_\_\_

Valid ID (government issued photo ID) \_\_\_\_\_

Name of Program \_\_\_\_\_

Commencing on \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Credential to be Awarded Upon Successful Completion of the Program: \_\_\_\_\_ Diploma \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Permanent Address (if different from mailing address) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

International Student              ☐ Yes                      ☐ No

Language of Instruction              ☐ English                      ☐ Other \_\_\_\_\_

Location of Classes                      ☐ Toronto (201-89 Bloor Street West)  
   ☐ Brampton (8-350 Rutherford Road South)  
   ☐ Kitchener (106-900 Guelph Street)

Class Schedule \_\_\_\_\_

#### Admission Requirements

- ☐ Have an Ontario Secondary School Diploma or equivalent; or
- ☐ Be at least 18 years of age (or age specified in program approval) and pass a Superintendent approved qualifying test (WONDERLIC SCHOLASTIC EXAM)

**Fees**

Tuition Fees	CAN\$ _____
Book Fees	CAN\$ _____
International Student Fees	CAN\$ _____
Kit Fees (HST inclusive)	CAN\$ _____
Optional Fees (Payment Option Fee if applicable)	CAN\$ _____
Expendable Supplies (HST inclusive)	CAN\$ _____
Uniforms and Equipment (HST inclusive)	CAN\$ _____
Field Trips (HST inclusive)	CAN\$ _____
Major Equipment (HST inclusive)	CAN\$ _____
Professional Exam Fees (HST inclusive)	CAN\$ _____
Minus Scholarship Credit (if applicable)	CAN\$ - _____
<b>TOTAL FEES</b>	<b>CAN\$ _____</b>

**Payment Schedule**

For programs approved for student loan purposes, the Payment Schedule may be completed at the time of the receipt of the Canada-Ontario Integrated Student Loans Certificate of Loan/Grant Approval and Eligibility. It must be attached to the original contract.

1. Payment prior to signing contract (if applicable)

PAYMENT 1 - CAN\$ \_\_\_\_\_

2. Payments after signing contract

Date	Description	Amount due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

PAYMENT 2 - CAN\$ \_\_\_\_\_

**TOTAL PAYMENTS (1+2) CAN\$ \_\_\_\_\_**

**Consent to Use of Personal Information**

Private career colleges (PCCs) must be registered under the *Private Career Colleges Act, 2005*, which is administered by the Superintendent of Private Career Colleges. The Act protects students by requiring PCCs to follow specific rules on, for example, fee refunds, training completions if the PCC closes, qualifications of instructors, access to transcripts and advertising. It also requires PCCs to publish and meet certain performance standards, e.g., percentage of graduates who obtain employment. This information may be used by other students when they are deciding where to obtain their training. The consent set out below will help the Superintendent to ensure that current and future students receive the protection provided by the Act.

I, \_\_\_\_\_, allow GLOW College to give my name, address, telephone number, e-mail address and other contact information to the Superintendent of Private Career Colleges for the purposes checked below:

☐ To determine whether GLOW College has met the performance objectives required by the Superintendent for its vocational programs.

I understand that I can refuse to sign this consent form and that I can withdraw my consent at any time for future uses of my personal information by writing to GLOW College.

I understand that if I refuse or withdraw my consent the Superintendent may not be able to contact me to inform me of my rights under the Act or collect information to help potential students make informed decisions about their educational choices.

\_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date: DD/MM/YYYY)

**Acknowledgement and Certification**

I, \_\_\_\_\_, acknowledge that I have received a copy of:

- ☐ The Statement of Students' Rights and Responsibilities Issued by the Superintendent of Private Career Colleges
- ☐ The College's Fee Refund Policy
- ☐ The Consent to Use of Personal Information
- ☐ The Payment Schedule
- ☐ The College's Student Complaint Procedure
- ☐ The College's Sexual Violence & Harassment Policy
- ☐ The College's Policy Relating to the Expulsion of Students

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date: MM/DD/YYYY)

**GLOW College does not guarantee employment for any student who successfully completes a vocational program offered by GLOW College.**

It is understood that fees are payable in accordance with the fees specified in this Enrolment Contract and all payments of fees shall become due forthwith upon a statement of accounting being rendered. GLOW College reserves the right to cancel this Enrolment Contract if the undersigned student does not attend classes during the first 14 days of when the program begins. **For information regarding cancellation of this Enrolment Contract and refunds of fees paid, see sections 25 to 33 of O. Reg. 415/06 made under the *Private Career Colleges Act, 2005*.**

**The undersigned student is entitled to a copy of the signed contract immediately after it is signed**

The undersigned student hereby undertakes and agrees to pay, or see to payment of, the fees specified in this Enrolment Contract in accordance with the terms of this Enrolment Contract.

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(Signature of Student)

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(Date: MM/DD/YYYY)

GLOW College agrees to supply program to the above named student upon the terms herein mentioned.

GLOW College may cancel this Enrolment Contract if the above named student does not meet the admission requirements of \_\_\_\_\_ before the program begins.  
(insert name of program)

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(Signature of Admission Officer, Registrar, Agent)

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(Date: MM/DD/YYYY)