## **MUSITECHNIC**

## FORMACIÓN EN PRODUCCIÓN AUDIO Y MUSICAL

# APPLICATION FOR ADMISSION INTERNATIONAL STUDENTS

WARNING to all applicants and guarantors — Any false or misleading statement on this form or relating to any document in support of this application, including concealment of any material fact, may lead to refusal. Failure to complete all the required sections of this form will result in your application being refused.

PRINT AND TYPE IN CAPITAL LETTERS using black or dark blue ink.

A – PERSONAL INFORMATION		
Sex	_ M _ F	
Surname (last name)		
Given name(s)		
Surname (last name) at birth		
Date of birth		
Place of birth		
City		
Country		
Prov/State		
Current Mailing address		
City		
Prov/State		
Postal Code		
Country		
Phone Number		
e-mail		

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B – FAMILY INFORMATION		
Father Surname (Last Name)		
Father Given Name(s)		
Mother Surname (Last Name)		
Mother Given Name(s)		
C	- EDUCATION INFORMATION	
Please list your	studies from the most recent to the oldest	
Education	Degree / Diploma	Year
1.		
2.		
3.		
4.		
5.		

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D - EDUCATION INFORMATION				
Are following a medical treatmetaking a particular medication?	ent and/or	□ Y	/ES	NO
If yes, please explain:				
Do you have any allergies?		_ Y	/ES	NO
If yes, specify which one (Ex: drugs, foods, etc.):				
Do you have any chronic diseas	ses?	□ Y	/ES	NO
If yes, specify which one (Ex: diabetes, epilepsy, anxiety, etc.):				

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## **E - EMERGENCY CONTACTS**

1.	Relationship	
	Last Name	
	First Name	
	Phone	
	e-mail	
	Address (appt, street)	
	City	
	Province / State	
	Postal / Zip Code	
	Country	
•	Deletionabie	
2.	Relationship	
	Last Name	
	First Name	
	Phone	
	e-mail	
	Address (appt, street)	
	City	
	Province / State	
	Postal / Zip Code	
	Country	

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## F - REFERENCES

PLEASE, provide the following information with respect to three (3) persons who have known you for at least two (2) years and not leaving at the same address as you. We may contact these people to reach you more easily.

1.	Relationship	
	Last Name	
	Has known me for	years
	First Name	
	Phone	
	e-mail	
	Address (appt, street)	
	City	
	Province / State	
	Postal / Zip Code	
	Country	
2.	Relationship	
	Last Name	
	Has known me for	years
	First Name	
	Phone	
	e-mail	
	Address (appt, street)	
	City	
	Province / State	
	Postal / Zip Code	
	Country	
3.	Relationship	
	Last Name	
	Has known me for	years
	First Name	
	Phone	
	e-mail	
	Address (appt, street)	
	City	
	Province / State	
	Postal / Zip Code	
	Country	

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# G - DECLARATION OF APPLICANT I declare that the statements made in this application are true. I authorize Musitechnic Formation to verify the accuracy of documents attached to this application. SIGNED AT CITY PROVINCE / STATE DATE

PLEASE SEND US YOUR REQUEST COMPLETED AND SIGNED BY EMAIL WITH THE DEMAND AND THE RELATED DOCUMENTS SCANNED TO THE FOLLOWING EMAIL ADDRESS:

**SIGNATURE** 

infoespanol@musitechnic.com

Subject: inscripción

OR BY MAIL TO THE FOLLOWING ADDRESS:

### **MUSITECHNIC**

888 Maisonneuve Est, Tour 3, Suite 440 Montréal, QC, H2L 4S8, Canada

DO NOT FORGET TO PAY YOUR \$515 CAD FEES BY MONEY ORDER OR BY BANK TRANSFER (TO KNOW THE BANK DETAILS CONTACT OUR FINANCIAL SERVICE - U.S PHONE NUMBER: 786 651-8085 OR 1 800 824-2060 FROM U.S AND CANADA ONLY).

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## CHECKLIST LIST OF REQUIRED DOCUMENTS AND FEES TO PAY

The Application for admission fully completed and signed
A copy of an ID *
A copy of your birth certificate *
Diploma(s) and High school/secondary school transcript
Payment of fees for admission and treatment (\$515 CAD).**

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<sup>\*</sup> These documents must be translated in English or French, if necessary.

<sup>\*\*</sup> Fees are payable by MONEY ORDER or by BANK TRANSFER (To know the Bank details contact our financial service –U.S Phone number: 786 651-8085 or 1 800 824-2060 from U.S and CANADA only).