



INTERNATIONAL STUDENT REGISTRATION & APPLICATION FORM

This Enrolment Contract is subject to the *Ontario Career Colleges Act, 2005* and the regulations made under the Act.

1. **Completion of Form.** This form must be completed in full. Incomplete applications may not be considered.
2. **AAPS is a Registered Career College.** In this agreement "AAPS" means Academy of Applied Pharmaceutical Sciences. The business carried on by AAPS primarily involves career college (i.e. private, post-secondary) training in relation to approved programs in accordance with the *Ontario Career Colleges Act, 2005* and related Regulations;
3. **Currency.** Unless otherwise indicated, all dollar amounts referred to in this agreement are in lawful money of Canada.
4. **Schedules.** The Schedules which are attached to this agreement are incorporated into this agreement by reference and are deemed to be part hereof.
5. **Headings and Numbering.** Headings and Numbering are included for ease of reference only and shall not affect the construction or interpretation of this agreement.
6. **Privacy Policies.** AAPS has written privacy policies in accordance with Privacy Laws ("Privacy Policies") and the College is in compliance with such Privacy Policies. More specifically, AAPS conforms to the *Ontario Career Colleges Act, 2005* and related Regulations, as well as the *Personal Information Protection and Electronic Documents Act (Canada)*. The Chief Privacy Officer for AAPS is Laleh Bighash, and our Privacy Policy is posted on our website and available upon request.
7. **Good Faith.** Students represent and warrant that they are entering into this agreement in good faith, and that they shall at all times abide by the policies and procedures of the school.
8. **Entire Agreement.** Subject only to the provisions of the *Ontario Career Colleges Act, 2005*, and Regulations made pursuant thereto, this Agreement, Rider to the Agreement, and any Schedules referred to herein constitute the entire agreement between AAPS and the Student, and supersede all prior agreements, representations, warranties, statements, promises, information, arrangements and understandings, whether oral or written, express or implied, with respect to the subject-matter hereof. Furthermore, AAPS shall not be bound or charged with any oral or written agreements, representations, warranties, statements, promises, information, arrangements, and understandings not specifically set forth in this agreement or in the Schedules.
9. **Amendments must be in writing.** No modification or amendment to this agreement may be made unless agreed to by the Student and AAPS, in writing, or pursuant to the provisions of the *Ontario Career Colleges Act, 2005* and related Regulations.
10. **Application Information.** I am hereby completing the following information in support of my Application for Enrolment. I understand that my Application will be considered incomplete without the information requested below:



Calendar for program start and end date is available on website [here](#).

Year Commencing: 20__	__ January	__ February	__ March	__ April	__ May	__ June
	__ July	__ August	__ Sep	__ Oct	__ Nov	__ Dec
Expected Completion: 20__	__ January	__ February	__ March	__ April	__ May	__ June
	__ July	__ August	__ Sep	__ Oct	__ Nov	__ Dec

<u>Toronto Campus:</u> <u>Diploma Program</u> I wish to enroll in the following AAPS <u>Diploma</u> Program: <i>(Please indicate course/s of your choice by placing a checkmark on the left-hand box/s)</i>		Program Code	Expected Completion Date dd/mm/yyyy
<input type="checkbox"/>	Pharmaceutical Quality Assurance & Quality Control Post Graduate Diploma	PGDip.QAQC	
<input type="checkbox"/>	QA & RA - Food, Pharma, and Cosmetics Post Graduate Diploma	PGDip.QARA	
<input type="checkbox"/>	Clinical Research, Drug Safety and Pharmacovigilance Post Graduate Diploma	PGDip.CRA	
<input type="checkbox"/>	Clinical Research, Pharmacovigilance and Regulatory Affairs Post Graduate Diploma	PGDip.CRPRRA	
<input type="checkbox"/>	Nutrition, Health and Sport Post Graduate Diploma	PGDip.NHS	
<input type="checkbox"/>	Research and Development – Food & Pharma Post Graduate Diploma	PGDip.R&D	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality Diploma	Dip.FESQ	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality Post Graduate Diploma	PGDip.FESQ	

<u>Mississauga Campus:</u> <u>Diploma Programs</u>			
<input type="checkbox"/>	QA & RA - Food, Pharma, and Cosmetics Post Graduate Diploma	PGDip.QARA	
<input type="checkbox"/>	Clinical Research, Drug Safety and Pharmacovigilance Post Graduate Diploma	PGDip.CRA	
<input type="checkbox"/>	Clinical Research, Pharmacovigilance and Regulatory Affairs	PGDip.CRPRRA	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality Diploma	Dip.FESQ	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality Post Graduate Diploma	PGDip.FESQ	



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Note: Students must attend in-class sessions once public health officials confirm contracting COVID-19 is no longer a risk while attending an institution.

Personal Information:

Title: Mr. Ms. Mrs. Mx. Dr.

Sex: Male Female

Nationality: _____

Legal Name:

First Name

Middle Name

Last Name

Date of Birth: _____

Email: _____

DD/MM/YYYY

Current Mailing

Address: Street: _____

City: _____ Province /State: _____ Country: _____ Post code: _____

Telephone

number: Home: _____ Cellphone: _____

Type of stay (home, apt, etc.) _____

Permanent Address:

(if different from above) Street: _____

City: _____ Province/State: _____ Country: _____ Post code: _____

Language(s) spoken: _____

Mother Tongue: _____

Study Permit Number: _____

Date of Admittance into Canada: _____

Study Permit Expiry Date: _____

- "The institution will not, under any circumstance retain or withhold a student's passport or visa documentation."

Note: The language of instruction for all AAPS programs is English.



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Emergency Contact Information:

Mr. Ms. Mrs. Mx. Dr.

Legal Name: _____
First Name Middle Name Last Name

Relationship: _____

Address:

_____ *Street Unit or Apartment #*

City: _____ Postal code: _____

Province: _____ Country: _____

Telephone: _____
Cell Home Work

Email: _____



AAPS

Educational History:

Transcripts Enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Institution Name, City and Country (Please attach separate sheet if necessary)	Attendance		Major Area of Study	Qualification (Degree, Diploma, etc.)
	From	To		

Work Experience and Career Goals:

Please outline in more detail, your work experiences and career goal(s):



11. **Registration.** Register early in order to ensure quality delivery and effective learning outcomes. AAPS classrooms have limited seating. Early registration is highly recommended to ensure that you can take the program/s of your choice. The applicant can register by mail, by email at info@aaps.ca or by applying in person at the AAPS campus. **For further information regarding the application process, please call: (416) 502-2277 and our representatives will be glad to answer all your questions.**
12. **Fees.** It is understood that fees for each program taken is payable in advance in and all such payments shall become due forthwith upon a statement of accounting being rendered. Payment/s may be made either by VISA, MasterCard, Debit card, money order or cheque made payable to the “Academy of Applied Pharmaceutical Sciences”.
13. **Admission Requirements.**
 - Minimum B.Sc. *Edibles All AAPS Programs Diploma Programs (except for programs listed below)*
Evaluated degree is required for admissions to pharma programs
 - Minimum High School Diploma
Food and Edibles Technology, Safety and Quality | Food Service Worker | Cannabis – Management, Quality and Laboratory

Please note that a copy of the academic credential must be submitted along with this application.
14. **Cancellation & Fee Refund Policy:** AAPS reserves the right to cancel when sufficient enrollment is not met. Applicants affected by cancelled classes may elect to transfer their Application to the next scheduled session or receive a full refund for the canceled sessions. 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. AAPS reserves the right to cancel this Enrolment Contract if the undersigned student does not attend classes during the first 14 days of the program begins. **For information regarding cancellation of this Enrolment Contract and refunds of fees paid, see section 25 to 33 of O. Reg. 414/06 made under the Ontario Career Colleges Act, 2005 (appended as Schedule A hereto).**
15. **No Guarantee of Employment:** AAPS, does not guarantee employment for any student who successfully completes a vocational program offered by AAPS.
16. **Study Permit and Post-Graduation Work Permit:** The issuance of Study Permit, Study and Work Permit and subsequent Post-Graduation Work Permit is determined by the Canadian Immigration, Refugees, and Citizenship. For accurate information on eligibility for any study and work-related permit in Canada please visit <http://www.cic.gc.ca/english/study/index.asp>.
17. **Date Deemed Received by the Student.** Any such notice or other communication sent by AAPS shall be deemed to have been given and received on the day on which it was delivered or transmitted to the contact person enumerated above in paragraph 17 (or, if such day is not a Business day, on the next following Business day) in the case of e-mail. If mailed, such notice or other communication shall be deemed to have been given by AAPS on the third Business day following the date of mailing to the Student's last known address. Either the Student or AAPS may at any time change its address for service of hard copy or electronic documents by giving notice to the other parties in writing.
18. **Withholding Credentials.** Where full consideration has not been paid by the Student, AAPS may withhold or revoke Credentials.
19. **Credit Reporting.** Aside from any other remedy open to AAPS for non-payment of fees (such as pursuing a civil claim for recovery against the Student and/or withholding of accreditation), AAPS may report Students to a licensed Credit Bureau for non-payment and/or delinquency of fee payments.
20. **Interest Rate on delinquency.** Overdue accounts shall be charged out to Students at a rate of 1.5% per month or 19.56% per annum, and interest will be compounded daily.
21. **Classroom Hours and Practical Instruction Hours.** The number of class and "practical" instructional hours to be taught in each program is as approved by the Superintendent of Career Colleges.
22. **Waiver, Amendment.** Except as expressly provided in this Agreement, no amendment or waiver of this Agreement shall be binding unless executed in writing by the party to be bound thereby, and subject to the provisions of the *Ontario Career Colleges Act, 2005*, and any other governing legislation. **Exception: Minor or "de minimus" amendments to this Agreement which do not offend the spirit and letter of the Ontario Career Colleges Act, 2005, may be made by AAPS without further Notice to you, and you**



agree to same. No waiver of any provision of this Agreement shall constitute a waiver of any other provision, nor shall any waiver of any provision of this Agreement constitute a continuing waiver unless otherwise expressly provided.

23. **Assignment.** Subject to the provisions of the *Ontario Career Colleges Act, 2005*, the Student may not assign any of its rights or obligations under this Agreement under any circumstances.
24. **Notice.** Subject to the provisions of the *Ontario Career Colleges Act, 2005* and the Regulations made pursuant thereto, any notice or other communication required or permitted to be given hereunder shall be in writing and shall be delivered in person, transmitted by facsimile or similar means of recorded electronic communication (including e-mail) or sent by registered mail, charges prepaid, addressed as follows:
- (a) if to AAPS to:
Ms. Laleh Bighash
885 Sheppard Ave W,
Toronto, ON M3H 2T4
- (b) if to the Student:
To the Student's confidential e-mail address at _____ or to the Student's
home address at: _____.
25. **Dispute Resolution:** Subject to the provisions of the *Ontario Career Colleges Act, 2005*, O.Reg. 415/06 and any other governing legislation, the student agrees as a condition of enrolment to make every attempt to resolve any dispute whatsoever that he/she may have with AAPS.
26. **Student Complaint Procedure:** All complaints shall be made in writing pursuant to the Student Complaint Resolution Procedure established by AAPS in accordance with section 36 of Ontario Regulation 415/06 under the *Ontario Career Colleges Act, 2005*, a copy of which is attached to this contract as Schedule [
27. **Binding Arbitration.** Any dispute between the student and AAPS which cannot be resolved *and* whereby the Superintendent either has no jurisdiction or has chosen to forbear from regulating on the issue in question, is subject to binding Arbitration pursuant to the *Arbitrations Act* (Ontario). In such case, the student and AAPS shall mutually choose an arbitrator, or if one cannot be agreed to, the parties shall defer to the referral choice of the Ontario Bar Association. The student and AAPS shall split the cost of the Arbitrator, unless and until the Arbitrator shall order otherwise. The Arbitrator's decision shall be **final**.



28. **Applicable Fees and Payment Schedule.** The following is an itemized breakdown of fees and payment schedule. The undersigned student hereby undertakes and agrees to pay the fees indicated enumerated below, as an ongoing condition of Enrolment. Failure to do so may result in expulsion or discontinuance.

To be completed by AAPS Office

Program	PGDip. QAQC	PGDip. QARA	PGDip. CRA	Dip. FESQ	PGDip. FESQ	PGDip. CRPRA	PGDip. NHS	PGDip. R&D
Tuition Fees	14,150	15,150	15,950	13,850	13,850	15,950	11,925	14,900
Digital Study Materials/Supplies Fees	2,700	1,100	1,000	2,100	2,600	1,000	1,500	2,500
International Student Fee	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
Total Fees	19,850	19,250	19,950	18,950	19,450	19,950	16,425	20,400
Registration/Down Payment								
Balance Due								

Payment Schedule:

Prepayment of 50% of the total program cost is required in order to get a final acceptance. For the remaining 50% of the program cost, student can contact administration at info@aaps.ca for more information.

(Name of Student)

(Signature of Student)

(Date)



29. **Acknowledgement by Student:** I declare that by signing this document, I acknowledge that:

- I have read and understood the terms and conditions of this Application.
- I am entitled to a copy of this signed Student Contract immediately after it is signed.
- I have received a copy of the Consent to Use of Personal Information attached as Schedule A.
- I have received a copy of the international student consent form as part of this application.
- I confirm and acknowledge that I have read and understood all policies listed below and on [AAPS website](#). (**NOTE:** Save this form on your computer first before clicking on the website link as you may lose your progress).
 - AAPS' Fee Refund Policy *Schedule B*
 - AAPS' Non-Disparagement Policy *Schedule C*
 - AAPS' payment schedule (enumerated in the body of this agreement)
 - AAPS' Privacy and Video Surveillance Policy *Schedule D*
 - The Statement of Students' Rights and Responsibilities issued by the superintendent of Career Colleges *Schedule E*
 - AAPS' Discipline Policy (including Suspension and Expulsion) *Schedule F*
 - AAPS' Hours of Instruction *Schedule G*
 - AAPS' Program Overview *Schedule H*
 - AAPS' Student Complaint Procedure *Schedule I*
 - AAPS' Anti-Bullying and Anti-Harassment Policy *Schedule J*
 - AAPS' Sexual Violence and Harassment Policy *Schedule K*
 - AAPS' Visual Confirmation Policy *Schedule L*
- Rider to this agreement (precedes the main agreement)

30. **Consideration for Program.** In consideration of the payment of fees as mentioned above, AAPS agrees to supply the program of instruction to the applicant upon the terms herein mentioned. Students agree to abide by all terms and conditions of this Agreement, including the appended Rider and Schedules, as an ongoing condition of enrolment.

31. **Cancellation of Application.** AAPS may cancel the application if the above-named student does not meet AAPS' entrance standards i.e. admission requirements and prerequisites before the program begins, in which case any Application Fee shall be **non-refundable**.

Signature of applicant: _____ Date:

DD	MM	YYYY

Accepted by Academy of Applied Pharmaceutical Sciences (AAPS) Inc.

Laleh Bighash, President, Dean of Scientific Affairs
Name & Title

Date:

DD	MM	YYYY

Signature



International Student Consent Form

Notice of Collection of Personal Information and Consent **(Ontario Ministry of Advanced Education and Skills Development)**

- International students seeking a study permit to attend a post-secondary learning institution in Ontario must attend a post-secondary institution designated by Ontario for the purposes of the *Immigration and Refugee Protection Regulations* (Canada). This is often referred to as the International Student Program (“ISP”).
- Under the ISP, private post-secondary institutions are designated by Ontario on an annual basis. As a result, private post-secondary institutions that wish to remain designated apply for designation annually.
- At the time that you are asked to read and sign this document, you are (1) applying to be enrolled in an institution that is applying for designation for the first time, (2) applying to be enrolled in a designated institution, or (3) enrolled in a designated institution. If you are enrolled in an institution that is currently designated, the institution may be applying for further designation annually.
- When reviewing an institution’s application for designation under the ISP the Ministry of Advanced Education and Skills Development (the “**Ministry**”) conducts a site assessment to verify the information provided in the institution’s application with respect to its educational policies and procedures. The Ministry may also monitor institutions that are designated to determine whether those institutions are complying with the terms and conditions of designation.
- As part of the site assessment and the Ministry’s ongoing monitoring of designated institutions, the Ministry reviews a representative sample of student and prospective student records, such as student and prospective student contracts, registration forms, records of enrollment, documents pertaining to academic assessment and progress, and other documents contained in the student or prospective student file. The Ministry also may need to make copies of student and prospective student records in order to complete its review of the institution’s (1) application for designation or (2) ongoing compliance with the terms and conditions of designation.
- Your consent is requested to allow the Ministry to access the personal information you have provided to the institution that may be contained in your student records. Without your consent, the Ministry cannot access your records as may be required in order to assess the institution’s application for designation or ongoing compliance with designation conditions.
- The Ministry collects and uses this information under the authority of ss. 38(2) and 39(1)(a) of the *Freedom of Information and Protection of Privacy Act* and the *Immigration and Refugee Protection Act* (Canada) and its *Regulations*. Questions about the collection, use and disclosure of this information may be addressed to:

Manager, Quality and Partnerships Unit
Career Colleges Branch
Ministry of Advanced Education and Skills Development
77 Wellesley Street West P.O. Box 977
Toronto, Ontario M7A 1N3
416-314-0500 or ISP.TCU@ontario.ca



CONSENT

By signing below, I hereby consent to: (check boxes that apply)

- the Ministry's collection of my personal information from the institution at which I am enrolled or applying to be enrolled for the purposes of assessing the institution's current and future applications for designation under the International Student Program
- the Ministry's collection of my personal information from the institution at which I am enrolled or applying to be enrolled for the purposes of assessing the institution's ongoing compliance with the terms and conditions of designation, if it is designated by Ontario

Name: _____

Signature: _____ Date: _____

For students under 18 years of age, the parent or guardian must also sign:

Name: _____

Signature: _____ Date: _____



Schedule A
Consent to Use of Personal Information

Career colleges (CCs) must be registered under the Ontario Career Colleges Act, 2005, which is administered by the Superintendent of Career Colleges. The Act protects students by requiring CCs to follow specific rules on, for example, fee refunds, training completions if the CC closes, qualifications of instructors, access to transcripts and advertising. It also requires CCs to publish and meet certain performance objectives that may be required by the Superintendent for their vocational programs. 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 AAPS to give my name, address, telephone number, e-mail address and other contact information to the Superintendent of Career Colleges for the purposes checked below:

- To advise me of my rights under the Ontario Career Colleges Act, 2005 including my rights to a refund of fees, access to transcripts and a formal student complaint procedure; and
- To determine whether AAPS 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 **Attention: Academic Dean, AAPS, 885 Sheppard Ave W, Toronto, ON M3H 2T4**. 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.

I consent to use of collection and use of personal information as a result of many activities that occur regularly in the college community, such as the use of individual and group photos, the listing of honor rolls, and the use of names and pictures in newsletters.

(Name of Student)

(Signature of Student)

(Date DD/MM/YYYY)