**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 (see address 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

### *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)

Medical Research & Digital Health July 14 – August 10, 2025 $5,500.00 CAD

Program

Strategic Digital Transformation for July 14 – August 3, 2025 $5,000.00 CAD Entrepreneurs July 19 – August 3, 2025 $4,350.00 CAD

Entrepreneurship July 14 – August 3, 2025 $5,000.00 CAD

& Innovation Program: July 19 – August 3, 2025 $4,350.00 CAD   
Optional Eastern Canada Tour\* $ 750.00 CAD

**All program fees include**: tuition, accommodation, meal card\*\*, weekend 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, 2025.**

##### *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, 2025*

By Mail: McMaster University By Email: oia@mcmaster.ca

Office of International Affairs chenmay@mcmaster.ca

1280 Main Street W. GH 102

Hamilton, Ontario   
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:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**