



Enrolment Application and Vocational Student Contract

This Enrolment Contract is subject to the *Private 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 Private Career College.** In this agreement "AAPS" means Academy of Applied Pharmaceutical Sciences. The business carried on by AAPS primarily involves private career college (i.e. private, post-secondary) training in relation to approved programs in accordance with the *Private 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 *Private 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 *Private 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 *Private 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:

Commencing Semester: Enter start date below, calendar is available on our website [here](#)

___	January 20__	___	February 20__	___	March 20__
___	April 20__	___	May 20__	___	June 20__
___	July 20__	___	August 20__	___	September 20__
___	October 20__	___	November 20__	___	December 20__



Personal Information:

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.		
Legal Name:	_____	_____
	<i>First Name Middle Name</i>	<i>Last Name</i>
Address:	_____	_____
	<i>Street</i>	<i>Unit or Apartment #</i>
City:	_____	Postal code: _____
Province:	_____	Country: _____
Telephone:	_____	_____
	<i>Cell</i>	<i>Home Work</i>
Email:	_____	
Date of Birth:	_____	
	<i>DD/MM/YYYY</i>	

Emergency Contact Information:

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.		
Legal Name:	_____	_____
	<i>First Name Middle Name</i>	<i>Last Name</i>
Relationship:	_____	
Address:	<input type="checkbox"/> Same as the applicant	
	_____	_____
	<i>Street</i>	<i>Unit or Apartment #</i>
City:	_____	Postal code: _____
Province:	_____	Country: _____
Telephone:	_____	_____
	<i>Cell</i>	<i>Home Work</i>
Email:	_____	



AAPS

Educational History:

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):



Enrolment: I wish to enroll in the following AAPS Program

Toronto Campus:

<u>Programs</u>		Program Code	Expected Completion Date dd/mm/yyyy
<i>(Please indicate program of your choice by placing a checkmark on the left hand box)</i>			
<input type="checkbox"/>	Pharmaceutical Quality Control Laboratory	PGDIP.QC	
<input type="checkbox"/>	Professional Regulatory Affairs	PGDIP.PRA	
<input type="checkbox"/>	Pharmaceutical Quality Assurance & Quality Control	PGDIP.QAQC	
<input type="checkbox"/>	QA & RA - Food, Pharma, and Cosmetics	PGDIP.QARA	
<input type="checkbox"/>	Clinical Research, Drug Safety and Pharmacovigilance	PGDIP.CRA	
<input type="checkbox"/>	Clinical Research, Pharmacovigilance and Regulatory Affairs	PGDIP.CRPRRA	
<input type="checkbox"/>	Nutrition, Health and Sport	PGDIP.NHS	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality Diploma	DIP.FESQ	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality PG Diploma	PGDIP.FESQ	
<input type="checkbox"/>	Research and Development – Food & Pharma	PGDIP.R&D	
<input type="checkbox"/>	Food Service Worker	CERT.FSW	

Mississauga Campus:

<input type="checkbox"/>	Professional Regulatory Affairs	PGDIP.PRA	
<input type="checkbox"/>	QA & RA - Food, Pharma, and Cosmetics	PGDIP.QARA	
<input type="checkbox"/>	Clinical Research, Drug Safety and Pharmacovigilance	PGDIP.CRA	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality Diploma	DIP.FESQ	
<input type="checkbox"/>	Food and Edible Technology, Safety and Quality PG Diploma	PGDIP.FESQ	
<input type="checkbox"/>	Food Service Worker	CERT.FSW	
<input type="checkbox"/>	Clinical Research, Pharmacovigilance and Regulatory Affairs	PGDIP.CRPRRA	

- Students applying for the diploma program should submit a copy of their academic qualification(s) along with this application.
- Please note that language of instruction for all the above programs is English.



- For expected completion date and class schedule please refer to AAPS Calendar and AAPS class schedule, respectively.

NOTE: COVID19 response at AAPS

- COVID-19 related updates impacting classes or mode of delivery are posted on AAPS website → <https://www.aaps.ca/aaps-covid-19-response>
- All the lab classes are conducted face to face in-class according to program schedule with strict COVID19 precautions in place.
- All the non-lab classes are delivered on Zoom platform (virtual live-interactive instructor-led classes as per program schedule).
- The data and information captured during online lessons are not shared with 3rd party members.
- In the event of a data breach, students will be informed by the college at the earliest possible time.
- Applicants are required to have an appropriate device to take online classes on Zoom e.g. laptop, desktop, iPad, mobile devices. The device must be capable of audio input and audio output with internet connection.
- Applicants will receive a guide on Zoom prior to program start date along with orientation package email.
- Please be informed that public health measures are changing constantly and therefore AAPS reserves the right based on advice from Ministry of Colleges and Universities to change the mode of program delivery.

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, or email by 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. All AAPS Programs Diploma Programs (except for programs listed below)
Evaluated degree is required for admission to pharma programs

Minimum High School Diploma
Food and Edibles Technology, Safety and Quality | Food Service Worker

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 *Private 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. **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 do.



17. **Withholding Credentials.** Where full consideration has not been paid by the Student, AAPS may withhold or revoke Credentials.
18. **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.
19. **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.
20. **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 Private Career Colleges.
21. **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 *Private 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 *Private 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.
22. **Assignment.** Subject to the provisions of the *Private Career Colleges Act, 2005*, the Student may not assign any of its rights or obligations under this Agreement under any circumstances.
23. **Notice.** Subject to the provisions of the *Private 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: _____.
24. **Dispute Resolution:** Subject to the provisions of the *Private 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.
25. **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 *Private Career Colleges Act, 2005*, a copy of which is attached to this contract as Schedule [
26. **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**.



27. **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 Code	Tuition Fees	Digital Study Materials Fees	Supplies	Uniform/ Equipment	Others	Total Fees	Balance Due
PGDIP.QC	\$10,410	\$910	\$560	\$70		\$11,950	
PGDIP.RA	\$11,000	\$1,100				\$12,100	
PGDIP.QAQC	\$14,150	\$1,100	\$1,600			\$16,850	
PGDIP.CRA	\$15,950	\$1,000				\$16,950	
DIP.FESQ	\$13,850	\$1,000	1,000	\$100		\$15,950	
PGDIP.FESQ	\$13,850	\$1,000	1,500	\$100		\$16,450	
PGDIP.QARA	\$15,150	\$1,100				\$16,250	
PGDIP.CRPR	\$15,950	\$1,000				\$16,950	
PGDIP.NHS	\$9,900	\$1,500			\$500	\$11,900	
PGDIP.R&D	\$14,900	\$1,000	\$1,500			\$17,400	
CERT.FSW	\$2,600	\$200				\$2,800	

Payment Method/Schedule:

For programs approved for student loan purposes, the Payment Schedule may follow the loan payment (e.g. OSAP or AAPS payment plan or other financial aid).
\$100 administration fee (non-refundable deposit) upon registration, the deposit is applied towards applicant's tuition.

- OSAP and AAPS payment plan
- AAPS payment plan (installments), please contact administration at info@aaps.ca
- Other financial aid, please mention _____
AAPS payment plan may still be required, please contact administration at info@aaps.ca

(Name of Student)

(Signature of Student)

(Date DD/MM/YYYY)



28. **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 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 Private 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*
- Rider to this agreement (precedes the main agreement)

29. **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.

30. **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



Schedule A
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 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 Private Career Colleges for the purposes checked below:

- To advise me of my rights under the Private 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)