



Orchid Horticulture

PO Box 27037
 Saskatoon SK S7H 5N9
 306-931-GROW (4769)
 info@orchidhort.com
 www.orchidhort.com

APPLICATION for ADMISSION

Full Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Birthdate (dd/mm/yyyy): _____ / _____ / _____

PREVIOUS AND CURRENT EDUCATION

High School/Secondary Education

NAME OF HIGH SCHOOL	PROV.	FROM		TO		CERTIFICATE OBTAINED/EXPECTED	DATE	
		MON.	YR.	MON.	YR.		MON.	YR.

Post Secondary

UNIVERSITY, COLLEGE, TECHNICAL INSTITUTE	PROGRAM	PROV.	FROM		TO		CERTIFICATE OBTAINED/EXPECTED	DATE	
			MON.	Y R.	MON.	YR.		MON.	YR.

I am applying as a mature student*: Yes No

**Definition of Mature Student: Applicant does not possess a high school diploma or equivalent or has been out of high school for a minimum of one year.*

LANGUAGE PROFICIENCY

If English is not your first language, you need to meet the standard requirement as proven by a recognized language proficiency test such as TOEFL (60%), IELTS (6) or CAEL (70%).

[] I have included a copy of certification of language proficiency from a recognized testing.

PROGRAM INFORMATION

Program Name: _____

Preferred Start Date*: _____

*Class start dates are the second Monday in January, May and September of each year.

School Holidays

The school will be closed on all statutory holidays, for three weeks over Christmas, and for 3 weeks in August.

FEES - For domestic students only.

*Payments accepted via e-transfer, cash or cheque.

Application Fee: \$250.00

Due: upon application

Tuition:

Due: upon acceptance

Full-time studies (Diploma or Certificate) \$ 9000 per year

Target Hort. Certificate: \$4500

In order to be considered for admittance at Orchid Horticulture, please include a 1200 word essay detailing (1) your experience in the horticulture industry, (2) what you hope to gain from your education and (3) your goals in horticulture after graduation.

I have included my 1200 word admission essay.

I have included my \$250.00 non-refundable application fee payable to: **Orchid Horticulture**.

Applicant Signature

Parent or Guardian (if under 18 years of age)

Date

OFFICE USE ONLY

Transcript Received: Yes No N/A (Mature Student)

School Representative Signature

Date Application Received: _____

Accept Decline Reason: _____
