



McGill

IMHL

**International Masters
for Health Leadership**

CANDIDATE ENDORSEMENT
Please return as soon as possible

Candidate applying to the IMHL program:

Last Name	First Name	Country
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The undersigned organization confirms that it endorses Mr/Ms/Dr _____ as a candidate for the International Masters for Health Leadership (IMHL).

Fees for the International Masters for Health Leadership are estimated at \$45,000 CDN (this amount includes the university ancillary charges), respecting the following payment schedule:

- Upon receipt of this letter, a *non-refundable* deposit of \$5,000 CDN is required to reserve a place in the program: the non-refundable deposit will be applied to the last semester to be successfully completed in order to graduate in this cohort
- A first instalment of \$15,000 CDN is due 1 month prior to the start of Module 1
- A second instalment of \$15,000 CDN is due 1 month prior to the start of Module 2
- A third instalment of \$10,000 CDN is due 1 month prior to the start of Module 3

Tuition and certain ancillary fees are assessed on a per credit basis and are included on the University's tax receipts issued every year in February. Please note that the University reserves the right to make changes without notice in the published scale of fees.

Please check one of the two boxes below:

- The organization agrees to pay the fees and expenses, and to provide release time for the participant to attend the program
- The organization will not pay the fees for the participant but will provide release time for the participant to attend the program
- The organization confirms that the candidate will be available to participate for the full duration of the IMHL program, including all modules, as part of his/her ongoing professional responsibilities.
- The organization confirms that it will participate in the program in ensuring that the knowledge gained through the candidate's studies is reviewed and assessed for possible integration into the present and future work of the organization.
- The organization agrees with the Admission Policies and other requirements noted in the McGill University and International Masters for Health Leadership documents.

Name of person confirming this endorsement: _____

Signature: _____ Date: _____

Position or Title: _____

Organization: _____

Address: _____

Telephone/Fax/Email: _____