



Intensive Language & Culture Programs

Proxy Authorization Form

PLEASE CHECK OFF THE SITUATION(S) THAT APPLY TO YOU:

I, _____ hereby authorize _____
 to collect correspondence issued by McGill University in the event that I am unable to
 collect the correspondence myself.

I, _____ hereby authorize _____
 to pay my tuition and/or any other applicable fees to McGill University in the event that I
 am unable to pay the fees myself. I understand the refund cheques will be issued to me. I
 also understand that there is a \$200 CDN administrative fee for cancelling or deferring my
 admission.

I, _____ hereby authorize _____
 who bears this document to apply to the Intensive & Language Program on my behalf in the
 event that I am unable to do so myself.

Student Number (if applicable): _____ **Session:** _____ **Program:** _____

Signature of Student: _____ **Date of Birth:** _____

Signature of Representative: _____ **Date of Birth:** _____

Contact Number: _____

Please attach Photo I.D. of Representative