

# STUDENT APPLICATION FORM (Certificate)



First Name:		Last Name:	
Gender (circle):	Male          Female	Date of Birth:	(        )Y (        )M (        )D

## Education History

School : \_\_\_\_\_  
 Years of Study : \_\_\_\_\_ Major : \_\_\_\_\_

## Contact Information

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_ Postal/ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Program / Course Choices

- |   |   |
|---|---|
| <input type="checkbox"/> Advanced Acupuncture Technique | <input type="checkbox"/> Tuina III - Wu's Head Massage        |
| <input type="checkbox"/> Certificate Acupuncture Course | <input type="checkbox"/> Tuina IV - Foot Massage              |
| <input type="checkbox"/> Advanced Cosmetic Acupuncture  | <input type="checkbox"/> Health Qigong                        |
| <input type="checkbox"/> Osteopathy Course              | <input type="checkbox"/> Examination Prep Course: R.Ac R.TCMP |
| <input type="checkbox"/>                                | <input type="checkbox"/>                                      |
| <input type="checkbox"/>                                | <input type="checkbox"/>                                      |

Please circle and send complete applications (refer to Application Requirements Form for details) to the campus at which you wish to study:

<b>Main Campus:</b> <b>Ontario College of Traditional Chinese Medicine</b> 7100 Warden Avenue, Suite 1A Markham, ON, L3R 8B5	<b>Toronto Campus:</b> <b>Ontario College of Traditional Chinese Medicine</b> 283 Spadina Ave # 301 Toronto, ON, M5T 2E3
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All fees, terms, courses and policies are subject to change without notice. The Application Committee may request a personal/telephone interview with any applicant. All materials filed during this application process become part of your permanent, confidential record and are not returnable.

I hereby attest that all information provided by me, in this application is true.

_____ <b>Print Name of Applicant</b>	_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
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OCTCM  OFFICE USE ONLY  Date of application: _____ Registration Fee: \$50 \$100 (International Student)	Student Number: _____ Received and Record by: _____	1
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