

STUDENT APPLICATION FORM



Applications are reviewed on an ongoing basis. Applicants are strongly urged to submit application materials as early as possible due to limited class size. Incomplete applications will not be considered. Please contact OCTCM if you require any assistance with this application.

To commence study in:

- | | | |
|-------------------------------------|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring/Summer |
| <input type="checkbox"/> Full -Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Unknown |

Program

- | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Diploma of Acupuncture (3 years) | <input type="checkbox"/> Diploma of Acupuncture (Intensive, 2 years) |
| <input type="checkbox"/> Diploma of TCM Practitioner (4 years) | <input type="checkbox"/> Diploma of TCM Practitioner (Intensive, 3 years) |
| <input type="checkbox"/> Diploma of TCM (4,200 hours of study) | |

Personal Information

First Name: _____ Last Name: _____ Date of Birth: DD / MM / YY

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Telephone #: Cell _____ Work: _____

Email Address: _____ Citizenship: _____

Education:

List any formal academic training that you may have. Include secondary and postsecondary schools and degrees (include transcripts when applying).

Related Training:

Indicate previous training in Chinese Medicine and/or related fields

OCTCM OFFICE USE ONLY Date of application: _____ Registration Fee: \$50 \$100 (International Student)	Student Number: _____ Received and Record by: _____	2
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Two Letters of Recommendation:

List the names of individuals from whom you have requested letters of recommendation. These can include one teacher and one other professional (excluding relatives and closer personal friends) who can comment on your potential as a health-care provider and on your ability to succeed in the OCTCM program.

1. Name _____ Professional Title/Institution _____
2. Name _____ Professional Title/Institution _____

Work:

Indicate your work experience for the last five years, naming your employer, and job title and responsibilities.

Finances:

Briefly explain how you will finance your tuition, books/material fees and support yourself while attending the program:

Personal Essay:

On a separate page, please discuss the process and experiences that have led you to want to study Chinese Medicine. Please limit the essay to one page.

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

Main Campus: Ontario College of Traditional Chinese Medicine 7100 Warden Avenue, Suite 1A Markham, ON, L3R 8B5	Toronto Campus: Ontario College of Traditional Chinese Medicine 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.

Print Name of Applicant

Signature of Applicant

Date

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