



# STUDENT APPLICATION FORM

# CERTIFICATE COURSE

First Name:

Date of Birth:

Last Name:

Gender:

Male

Female

Other

## Education History

School:

Major:

Years of Study:

## Contact Information

Street Address:

City:

Province/State:

Postal/Zip Code:

Country:

Mobile Number:

Home/Work Number:

Email Address:

## Course/Program Title

**Fee**  
**\$**

Course Date:

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.

Applicant's Signature

Date:

Applicant's Name

## Application Submission & Payment

### By Mail

Please mail the completed application and cheque (payable to Ontario College of Traditional Chinese Medicine Toronto):

### Ontario College of Traditional Chinese Medicine Toronto Campus

283 Spadina, 3rd Floor  
Toronto, Ontario  
M5T 2E3

### Electronically

Please fill out the application form and submit an email payment to [info@studytcm.ca](mailto:info@studytcm.ca).

Security Word/Authorization Key

Email Address of Account Holder

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Date Received:

Student Number:

Deposit:

Received By:

Payment Received:

Yes      No

Amount:

Payment Received By: