



APPLICATION FORM

Name (Last) _____ (First) _____ (Middle) _____

Address _____

City _____ Prov/State _____ PC/Zip _____ Country _____

Telephone (Home) _____ (Cell) _____ Date of Birth (D/M/Y) _____

Email address _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ Prov/State _____ PC/Zip _____ Country _____

Telephone (Home) _____ Employer _____ Telephone (Work) _____

EDUCATIONAL INFORMATION:

Previously attended schools must send transcripts directly to MTCM, Attention: Registrar.

High School _____ City _____

Prov/State _____ Grade Completed _____ Year _____

Diploma or Certificate Received _____

Post Secondary Institution _____ City _____ Prov/State _____

No. of Years Completed _____ Degree/Diploma/Certificate _____ Year Graduated _____

ADMISSION TYPE REQUESTED: _____ Full Time _____ Part Time _____ Athletic Therapy January start

How did you hear about us? If you heard about us from Alumni, please indicate the name below.

Please specify T-Shirt Size: ___ Small ___ Medium ___ Large ___ XLarge ___ XXLarge

CHECKLIST

Have you enclosed with your application:

- A non-refundable application fee of \$75.00 (cash or cheque)
- A two page autobiography expressing why you have chosen this field of study
- Photo identification (such as drivers license or passport)
- A medical certificate stating your general health
- A copy of your Birth Certificate
- A resume

Have you:

- Completely read and understood our information package

Have you forwarded directly to the College:

- All academic transcripts
- A letter of reference from a former employer or academic instructor
- A letter of reference from someone who has known you for at least 5 years

Evolve College of Massage Therapy evaluates applicants without discrimination on the basis of race, creed, ancestry, place of origin, colour, ethnic origin, citizenship, gender, sexual orientation, age marital status or handicap.