

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 CO	DNTACT:		
Name		Relationship	
Address			
City	Prov/State	PC/Zip	Country
Telephone (Home)	Employer	Telephone (Work)	
	end transcripts directly to MTCM	Ci	tyYear
Diploma or Certificate Received			
			Prov/State
No. of Years Completed Degree/Diploma/Certificate			Year Graduated
ADMISSION DATE REQUEST How did you hear about us? If you			
Please specify T-Shirt Size:S	· · ·		
CHECKLIST Have you enclosed with your appli A non-refundable application f A two page autobiography exp this field of study Photo identification (such as d A medical certificate stating you A copy of your Birth Certifica A resume	fee of \$75.00 (cash or cheque) pressing why you have chosen rivers license or passport) pur general health	Have you: Completely read and understood our information package Attended an orientation session at the school 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 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.