

Atlantic College of Therapeutic Massage

Application for Student Admission

(Please type or print clearly)

Last Name: _____ First Name and Initial: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Date of Birth: _____ Social Insurance Number: _____

Please list highest academic or vocational training completed:

Name of School or Institution: *Program:* *Date Completed:*

Please state the start date you wish to apply for:

April 2, 2012 _____ January, 2013 _____

Accelerated Program: (For UNB B.Sc. Kinesiology Graduates **ONLY**)

October 2011 _____ July, 2012 _____

Information Required

Please enclose the following items with your Application for Student Admission. Send all documents in the self-addressed envelope enclosed with the information package.

- ___ Medical Certificate of Good Health
- ___ Three letters of Reference
- ___ Registration Fee of \$100.00 made payable to Atlantic College of Therapeutic Massage
- ___ Copy of High School and University Transcripts

How did you first hear about the Atlantic College of Therapeutic Massage? _____

What reasons made you decide to apply to The Atlantic College of Therapeutic Massage? _____

By placing a checkmark beside the following boxes you agree to receive the following:

- Telephone calls, including messages to be left at home and at work.
- Email newsletter and other informational mailings.
- Notice of promotions and special offers.

Registration Fee must be paid with your Application for Student Admission, is non refundable, and will be credited toward tuition, if you are admitted. You will receive a receipt for the Registration fee.

Signature: _____ Date: _____

Mail to: Atlantic College of Therapeutic Massage
440 King Street
Fredericton, N.B.
E3B 5H8