

# 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:**

October 1, 2007 \_\_\_\_\_ July 2, 2008 \_\_\_\_\_ March 30, 2009 \_\_\_\_\_

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

January, 2008 \_\_\_\_\_ October, 2008 \_\_\_\_\_

### **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