

FOR OFFICE USE ONLY

Student # _____
Date/Time Application Received _____
Tuition _____

Application Date _____

What Bryan College program are you interested in (check one)?

- Massage Therapy Professional Spa Therapist

Please complete the following information:

Full Name _____
Address _____ Apt _____ City _____
Province _____ Postal/Zip Code _____
Email Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ Country/City of Birth _____
Language(s) Spoken _____
Highest level of education completed _____ Year of Completion _____
Institution Attended _____

Status in Canada:

- Canadian Citizen Student Visa Landed Immigrant Other

How will your tuition be financed?

- OSAP - Student Loan Bryan College's 0% Interest Payment Plan Private/Bank Loan

Next of Kin:

Full Name _____
Address _____ Apt _____ City _____
Province _____ Postal/Zip Code _____
Email Address _____ Telephone Number _____

Please include the following with this Application Form:

- Official Grade 12 High School transcript or equivalent.
 Official transcript of Post Secondary Studies (if applicable).
 English Proficiency Proof (TOEFL - mark 550 or equivalent if English is not the applicant's 1st language or successful completion of the CELT test).
 Official transcript of Post Secondary Studies (if applicable).
 Application Fee (non-refundable) - \$100.00.

Initial Here _____

Please complete the following information:

Do you have any medical conditions that may affect your studies?

Yes No

If yes, please briefly describe: _____

Do you have any learning difficulties that may affect your studies?

Yes No

If yes, please briefly describe: _____

Have you ever been convicted of any criminal offence or are there any criminal offenses pending?

Yes No

If yes, please briefly describe: _____

The Spa and Wellness field requires staff to work a variety of shifts. In order to simulate workplace experiences, some of your Student Clinic or Community Outreach sessions may be scheduled during evenings and weekends. Do you foresee any problems attending evening and weekend sessions?

Yes No

If yes, please briefly describe: _____

How did you hear about Bryan College (check one)?

Newspaper Magazine Website Google/Yahoo

Yellow Pages Student Referral Television Radio

Other (please specify) _____

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. Personal information collected on this application form shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law.

Full Name _____ **Date** _____