

**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 1<sup>st</sup> 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** \_\_\_\_\_