## Application for Admission

First year Osteopathic studies Vancouver Program 2025



ADMISSIONS OFFICE 550, Ave Beaumont, suite 500, Montréal (QC) H3N 1V1

Tel: 514-342-2816, ext.: 229 Toll Free: 1-800-263-2816, ext.: 229 admission@ceosteo.ca



To apply please fill out the following form and send it with all the requested documents by email at admission@ceosteo.ca

<b>(1)</b>	Personal information				
	Last Name:First Name:				
	Home Address:				
	City:P	rovince/State:	Postal or/Zip Code:		
	Home telephone:	Cell phone:			
	Email Address:		Date of birth: _	D D	/ MM / YY
	Profession:	License Number:			
	Business Address:		_ City:		
	Province/State:Postal or/Zip C	Code:Telep	hone:		
	How did you hear about the College?				
2	Ocuments requested Current resume (CV) Letter of intention Proof of identity (copy of passport) if not available copy of driver's license or birth certificate	educational institution  Photocopies of offi			
3	Registration fees Please charge my credit card for the amount of \$12	5 non-refundable	0	Visa	○Mastercard
	Credit Card number:		_ Expiry Date: _	D D	/ MM / YY
			Security code:	C \	V V
4	Signature Signature:		Date:	DD ,	/ MM / YY