Application for Admission

First year Osteopathic studies Halifax Program 2024



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

| (1) | Personal information | | | | |
|------------|--|--|----------------------------|-------|-----------|
| | Last Name: | First Name: | | | |
| | Home Address: | | | | |
| | City: Province | /State: | Postal or/Zip | Code: | : |
| | Home telephone: | Cell phone: | | | |
| | Email Address: | | Date of birth:DD / MM / YY | | |
| | Profession: | License Number: | | | _ |
| | Business Address: | | City: | | |
| | Province/State: Postal or/Zip Code: _ | Tele | phone: | | |
| | How did you hear about the College? | | | | |
| 2 | Current resume (CV) Letter of intention Proof of identity (copy of passport) if not available: copy of driver's license or birth certificate | Photocopies of certificates/diploma from educational institution Photocopies of official transcripts 1 photo: take a photo with a smartphone | | | |
| 3 | Registration fees Please charge my credit card for the amount of \$95 non-refundable O Visa O Mastercard | | | | |
| | Credit Card number: | | Expiry Date: _ | D D | / MM / YY |
| 4 | Signature | | | | |
| | Signature: | | Date: | DD | / MM / YY |