

# Application for Admission

First year Osteopathic studies  
Toronto Program 2024



Canadian College of  
**Osteopathy**

Toronto

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: \_\_\_\_\_ Telephone: \_\_\_\_\_

How did you hear about the College? \_\_\_\_\_

## 2 Documents requested

☐ 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 for your student ID with a smartphone  
(Take a photo ideally with a light background.)

## 3 Registration fees

Please charge my credit card for the amount of **\$105 non-refundable**

☐ Visa ☐ Mastercard

Credit Card number: \_\_\_\_\_ Expiry Date: DD / MM / YY

## 4 Signature

Signature: \_\_\_\_\_ Date: DD / MM / YY