Application for Admission

First year Osteopathic studies Vancouver Program 2024



ADMISSIONS OFFICE
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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					
	ast Name: First Name:					
	Home Address:					
	City: Provinc	Province/State:		Postal or/Zip Code:		
	Home telephone:	Cell phone:				
	Email Address:		_ Date of birth: _	DD	/ MM / YY	
	Profession:	l	License Number:			
	Business Address:		City:			
	Province/State: Postal or/Zip Code:	Tele	ephone:			
	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 	educational inst Photocopies of o 1 photo for your	 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 \$125 non-refundable O Visa O Mastercard					
	Credit Card number:		Expiry Date: _	D D	/ MM / YY	
4	Signature					
	Signature:		Date:	DD,	/ MM / YY	