

Main Campus: 4961 Hwy 7, Unit 200, Markham, ON L3R 1N1
Office/Teaching Clinic: 668 Silver Star Blvd. Unit 211-212, Toronto, ON M1V 5N1
Phone: (416) 273-4551, Website: www.loyolacollege.ca

COURSE ENROLLMENT & AGREEMENT

PERSONAL INFORMATION							
First Name:	Last Name:					Male	emale
Address:					APT#:		
City:	Province/State:			Country:			
Postal/Zip Code:	Email:						
Home Phone:	Cell Ph	ione:					
PROGRAM SELECTION							
PROGRAMS	FULL-TIME	PART-TIME	DURATION (WEEKS)	START DATE		TUITION & FEE	
				MM /	ΥΥΥΥ	(\$)	
Diploma Program of Osteopathic Manual Therapy							
Certificate Program of Osteopathic Manual Therapy							
Certificate Program of Therapeutic Massage/Shiatsu							
Osteopath Hand-On Practice Training (Continue Education)							
Therapeutic Massage/Shiatsu Practice Training (Continue Education)							
Others:							
EDUCATION HISTORY							
School Name	Program Or Courses				MM /YYYY - MM /YYYY		
					-		
						-	
						-	
PROFESSONAL EMPLOYMENT HISTORY							
Employer	Position Or Job Description				MM /YYYY - MM /YYYY		
						-	
						-	
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POLICY:	
1. General:	
 1.1 Tuition fees are recommended by the Registrar's Office. 1.2 Program ancillary fees are established by the programs for specific mathematical and the specific mathematical speci	erials not covered by tuition but are required to complete the program successfully. s enrollment and agreement.
2. Paying fees:	
 When fees are due for an entire academic year, students may opt to post A tuition deposit must be paid once before the start of classes by all starts. Tuition fee deposits are non-refundable even if the student does not attained. The balance of fees must be paid before the start of classes. 	idents.
3. Tuition Refunds:	
if they formally withdraw before the start of classes. 3.6 Students who formally withdraw from courses after published deadlines terms.	ne outstanding balance on the day of the program start. The start of classes to the Registrar's Office.
	APPLICANT'S NAME (PRINT) :
	APPLICANT'S SIGNATURE:
	DATE:
OFFICE USE ONLY	