



Loyola College

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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:	APT#:		
City:	Province/State:	Country:	
Postal/Zip Code:	Email:		
Home Phone:	Cell Phone:		

PROGRAM SELECTION

PROGRAMS	FULL-TIME	PART-TIME	DURATION (WEEKS)	START DATE	TUITION & FEE (\$)
				MM / YYYY	
<input type="checkbox"/> Diploma Program of Osteopathic Manual Therapy	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Certificate Program of Osteopathic Manual Therapy	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Certificate Program of Therapeutic Massage/Shiatsu	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Osteopath Hand-On Practice Training (Continue Education)	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Therapeutic Massage/Shiatsu Practice Training (Continue Education)	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Others:	<input type="checkbox"/>	<input type="checkbox"/>			

EDUCATION HISTORY

School Name	Program Or Courses	MM /YYYY - MM /YYYY
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		-

PROFESSIONAL EMPLOYMENT HISTORY

Employer	Position Or Job Description	MM /YYYY - MM /YYYY
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