



Unit 300, 1824 Crowchild Tr. NW, Two Executive Place, Calgary, AB
Phone: +1.403.520.5289 • toll-free: 1.888.859.8686
E: info@citcm.com • W: citcm.com

Today's Date _____

Full Legal Name _____

Gender _____ Date of Birth _____

Alberta Student Number (if known) _____

Mailing Address _____

City or Town _____ Postal Code _____

Country _____

Home Phone _____ Cell Phone _____

Email _____

Choose Program:

Bachelor of Traditional Chinese Medicine • Study in Canada & China

Double Major Acupuncture & TCM Diploma

Double Major Plus Program (Acupuncture/TCM & Massage Diploma)

Acupuncture Diploma

1113hr WE Integrated Orthopedic Massage Therapy • 1 year

2200hr WE Integrated Orthopedic Massage Therapy • 2 years

Choose Option: Full-time Part-time Transfer from other TCM School

Other: _____

Start Date: _____

Note: All programs start every September.

Transferred students may be eligible to start in Winter/Spring semester.

Immigration Status: Canadian Citizen/Permanent Resident International Student

For International Students

Student Visa Exp. Date _____ Country of Citizenship _____

Do you have a current English proficiency test result (TOEFL/IELTS)?

Yes No If yes, the score _____



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Education History

1. School Name _____
City _____
Period _____
Academic Level Achieved _____

2. School Name _____
City _____
Period _____
Academic Level Achieved _____

3. School Name _____
City _____
Period _____
Academic Level Achieved _____

4. School Name _____
City _____
Period _____
Academic Level Achieved _____

Please send us transcripts and list secondary school and post secondary schools.



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Previous/Current Employment

1. Employer	_____
City	_____
Period	_____
Position	_____
Reason Left	_____
2. Employer	_____
City	_____
Period	_____
Position	_____
Reason Left	_____
3. Employer	_____
City	_____
Period	_____
Position	_____
Reason Left	_____
4. Employer	_____
City	_____
Period	_____
Position	_____
Reason Left	_____



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Related Training/Experience

1. Training Name _____

City _____

Period _____

Position _____

2. Training Name _____

City _____

Period _____

Position _____

3. Training Name _____

City _____

Period _____

Position _____

4. Training Name _____

City _____

Period _____

Position _____



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References

1. Name _____

Professional Title _____

Origination/Institution _____

Contact Phone _____

2. Name _____

Professional Title _____

Origination/Institution _____

Contact Phone _____

Note: Reference letters must be supplied with the application. They can be emailed or mailed to CITCM. No Relatives or Family Members.

Do you require any disability accommodation? Yes No

If yes, we may require a medical note/assessment from physician, occupational therapist, etc.

How will you finance yourself while attending the program?

Personal Letter of Intent *(Or attach it separately to your email with this form)*