

International Student Application Form

Please complete all sections of the form



Professional Institute of
MASSAGE THERAPY

PERSONAL INFORMATION

First / Given Name

Middle Name(s)

Last / Family Name

Gender: Male Female

Maiden Name (if applicable)

Email Address

Full Mailing Address

P.O. Box	Apt. / Unit	Street No.	Street Name
City / Town	Country	Province / State	Postal Code

PASSPORT INFORMATION

Passport Number

Date of Issue

Date of Expiry

Country of Birth

Country of Citizenship

Date of Birth / /
DD MM YEAR

PROGRAM OF INTEREST

- Advanced Massage Therapy Diploma Program
 Business Administration Diploma Program

AGENT INFORMATION

Do you want all your communication be sent to your agent?

Yes No Not applicable

Company / Agent Name: _____

PREFERRED START DATE

- SUMMER _____
 FALL _____
 WINTER _____
 SPRING _____

Is English your first language? Yes No If NO, have you taken and English tests (IELTS / TOEFL) Yes No

Test Name: _____ Score: _____

Signature of Applicant: _____ Date: _____

For more information please contact:
Professional Institute of Massage Therapy
103 - 1422 Kensington Rd. NW, Calgary, AB T2N 3P9

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