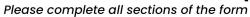
## **International Student Application Form**





PERSONAL INFORMATION							
First / Given Name	М	liddle Name(s	)	Last / Family Name			
					Gender:	Male	Female
Maiden Name (if applicable)	Email Address						
Full Mailing Address	Apt. / Unit	Stre	eet No.		Street Name		
	Apr. 7 Gille		set No.		Street Name		
City / Town	Country	Pro	vince / State		Postal Code		
DASSDORT IN	NFORMATION			PROGRAM	OF INTERES	т	
FASSFORTII	NFORMATION			PROGRAM	OF INTERES		
			Advanced M	lassage Thera	py Diploma P	rogram	
Passport Number			Business Administration Diploma Program				
Date of Issue	Date of Expiry						
Country of Birth	Country of Citizenship	)					
Date of Birth//_	YEAR						
AGENT INFORMATION				PREFERRE	D START DAT	E	
Do you want all your communication be sent to your agent?		gent?	☐ SUMMER _				
☐ Yes ☐ No ☐ Not	applicable		☐ WINTER _				
Company / Agent Name:			SPRING _				
Is English your first language?	□Yes □No	<b>If NO,</b> have	you taken and E	nglish tests (IE	ELTS / TOEFL)	□Yes	s □No
Test Name:					Score:		
Signature of Applicant:					Date:		

**Tel:** (403) 247-4319

**Website:** www.calgarymassageschool.com **Email:** info@calgarymassageschool.com