



INTERNATIONAL INSTITUTE OF AYURVEDA & COMPLEMENTARY MEDICINES (IIACM) INC.

Shipping & Mailing Address: 164, Edmonton Drive, Toronto, ON, Canada M2J3X1
Tel: 416-778-9341, Web: www.IIACM.com

STUDENT APPLICATION FORM (CAPITAL LETTERS ONLY)

(Note: Required fields are indicated with an *.)

Part One

Salutation * ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss * ☐ Man ☐ Woman

Permanent Mailing Address

*Last Name: (Surname)

*First Name: Second Name:

*Address:

Apartment #: *City: Province/State:

*Country: Postal Code / ZIP / Pin Code:

*Telephone (Cell, Home, Business) / Fax / Emails / Website

Country Code:

Home - Area/Region Code: Number:

Work/Cell - Area/Region Code: Number: Ext:

FAX - Area/Region Code: Number:

*E-mail Address:

2nd Email Address:

WEBSITE(s):

*Birth Date: *Month: *Day: *Year:

*Country of Citizenship: *Preferred Language ☐ English or other (specify): _____

*Basis for Admission Consideration

- ☐ Secondary school graduate or equivalent
- ☐ Age of over 18/19 Years
- ☐ College/university studies

Please remember to mail or fax original transcripts or certified copies to the address shown above!

Additional Academic Information

☐ Related work experience (please send résumé)

*Have you written TOEFL (Test Of English as a Foreign Language)? (It is not compulsory).

☐ Yes ☐ No, If you answered yes, please provide the following information:

*Date written: Month Day Year *Your score:

*Type of TOEFL test taken: ☐ Paper-based ☐ Computer-based

Program Selection (in order of preference)

*1. *Semester

Authorization

I, _____ hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the *Freedom of Information and Protection of Individual Privacy Statement* (see below).

Freedom of Information and Protection of Individual Privacy Act:

The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980, Regulation 640. The information is used for administration and statistical purposes of IIACM INC. and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada.

☐ ***Applicant Signature:** By clicking this checkbox, you are agreeing to the terms of the *Freedom of Information and Protection of Individual Privacy Act* as specified above.

Part Two

How did you first learn about IIACM INC.?

- ☐ Canadian Embassy ☐ Educational resource in your home country ☐ Walk-in
☐ Education Fair ☐ Friend or Relative in Canada ☐ IIACM Website
☐ The Internet ☐ Friend or Relative at home ☐ Agent ☐ Word of Mouth
☐ IIACM Graduate ☐ Educational Publication: ☐ Other:

Who encouraged you to apply?

☐ School Counselor ☐ Parent ☐ Agent ☐ Other:

Have you attended school or college in Canada before?

☐ Yes ☐ No

If yes, please list the names and addresses of schools, and the programs and dates attended:

School	City	Program	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are applying for Ayurveda (Full Time Program) or Any other Courses for Academic Purposes, do you plan to continue with any other courses after your first course is completed?

☐ Yes ☐ No ☐ Not Sure

If yes, what programs interest you? _____

Do you plan to complete a diploma program and go on to university?

☐ Yes

☐ No

☐ Not Sure

Are you planning to work in Canada for one year after graduation (as permitted by Immigration Canada)?

☐ Yes

☐ No

☐ Not Sure

Part 3 (for International Students Only)

If you have a contact person in Canada, please fill out the following section.
Information Release

Pursuant to the *Freedom of Information and Protection of Individual Privacy Act*, I hereby authorize IIACM INC. to release any and all information related to any and all aspects of my application for admission, acceptance, fees or program of studies to the person whose name and address appears below. I certify that the person named is my selected representative and has my agreement to access and use this information to assist me to successfully register and access programs at IIACM INC.

I, _____ authorize information release to my contact in Canada:

- ☐ **Applicant Signature:** If you have provided information for a contact in Canada, please read the above terms and click the signature checkbox at left. By clicking this checkbox, you are agreeing to the terms of the *Freedom of Information and Protection of Individual Privacy Act* as specified above.

Contact's Name and Address

Contact's Name:
 Contact's Address:
 City: Province:
 Country: CANADA

Contact's Telephone, Fax and E-mail:

Phone: Area code: Number: -

Fax: Area code: Number: -

E-mail address:

Comment:

FOR THEORY, PRACTICAL AND CASE STUDY INVOLVEMENT:

BODY PARTS MASSAGE / TOUCH PERMISSION OR FULL BODY MASSAGE / TOUCH PERMISSION: ☐

FRONT: ☐ HEAD, ☐ FACE, ☐ NECK, ☐ CHEST, ☐ STOMACH, ☐ ABDOMAN, ☐ ARMS, ☐ LEGS, ☐ FEET, ☐ ETC:

____ INITIAL: X _____ **BACK:** ☐ HEAD, ☐ NECK, ☐ SHOULDER, ☐ LOWER BACK, ☐ BUTTOCK,
☐ ARMS, ☐ LEGS, ☐ ETC: _____ INITIAL: X _____

I, _____ have carefully read this agreement and fully understand. It is entirely my choice to pursue these Courses / therapies at Ayurvedic LifeStyls Inc. and IIACM Inc. Its owner, teachers, practitioners, staff and all other personnel won't be liable whatsoever, resulting from any injury, or loss or personal items, I, _____ may have sustained while on their premises. I, _____ will not misbehave with owner, teachers, practitioners, directors, staff, students, clients and all other personnel. I also understand nature of these courses has physical / practical training where expose of body and touch of body is appropriate and fully accepted.

Have you checked all your entries and verified that they are correct?

Today Date: (yy/mm/dd) || SIGNATURE: _____

DOCUMENTS REQUIRED (CHECKLIST)

*** Compulsory Submission**

- 1) ☐ *3 Passport size pictures
- 2) ☐ *Viewing of Personal Picture Identifications (Example: Health Card / Driving License / Passport photocopied / SIN card / PR Card / Student I.D. Card, Etc.)
- 3) ☐ *Police Clearance Certificate
- 4) ☐ a) Proof of Valid Residence, b) Citizenship, c) Study Permit, d) Work Permit (Circle any one)
- 5) ☐ Evidence of Good Character Certificate
- 6) ☐ *Your high school and/or all other Educational Certificate (transcripts)
- 7) ☐ Other Documents: _____
- 8) ☐ Copy of Travel / Health Insurance
- 9) ☐ *Application Fee: Local: \$ 125 (for short courses only \$ 95), or International: \$ 450 (none refundable)
- 10) ☐ "EASY PAYMENT PLAN" SHEET (if applicable)

Office Use Only: