

The Massage Therapy College of Manitoba
Misericordia Health Centre
Education and Resource Building
2nd Floor – 691 Wolseley Avenue, Winnipeg, Mb R3G 1C3

APPLICATION FORM

Name (Last) _____ (First) _____ (Middle) _____
Address _____ Apt. # _____
City _____ Prov/State _____ PC/Zip _____ Country _____
Telephone (Home) _____ (Work) _____ Date of Birth (D/M/Y) _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____
Address _____ Apt. # _____
City _____ Prov/State _____ PC/Zip _____ Country _____
Telephone (Home) _____ Employer _____ Telephone (Work) _____

EDUCATIONAL INFORMATION:

Previously attended schools must send transcripts directly to MTCM, Attention: Registrar.

High School _____ City _____
Prov/State _____ Grade Completed _____ Year _____
Diploma or Certificate Received _____
Post Secondary Institution _____ City _____ Prov/State _____
No. of Years Completed _____ Degree/Diploma/Certificate _____ Year Graduated _____

ADMISSION DATE REQUESTED: _____ September _____ January _____ Full Time _____ Part Time

How did you hear about us? _____

Please specify T-Shirt Size: ___ Small ___ Medium ___ Large ___ XLarge ___ XXLarge

CHECKLIST

Have you enclosed with your application:

- A non-refundable application fee of \$75.00
- A two page letter expressing why you have chosen this field of study
- Photo identification (such as drivers license or passport)
- A medical certificate stating your general health
- A copy of your Birth Certificate
- A resume

Have you:

- Completely read and understood our information package
- Attended an orientation session at the school

Have you forwarded directly to the College:

- All academic transcripts
- A letter of reference from a former employer or academic instructor
- A letter of reference from someone who has known you for at least 5 years

MTCM evaluates applicants without discrimination on the basis of race, creed, ancestry, place of origin, colour, ethnic origin, citizenship, gender, sexual orientation, age, marital status or handicap.