



Hands on training and experience

Select Location

9618 Horton Road, SW  
Calgary, AB T2V 4K8  
P: (403) 474.0772  
F: (780) 485.6081

Capilano Mall, 2nd Floor  
205A, 5004 - 98 Avenue  
Edmonton, AB T6A 0A1  
P: (780) 468.3454  
F: (780) 485.6081

# Application for Admission

Name \_\_\_\_\_  
last first middle initial

Address \_\_\_\_\_  
street address city or town  
\_\_\_\_\_ province postal code

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_  
home other/cell mm dd yyyy

Email Address \_\_\_\_\_  
by providing your email address to us, you consent to receiving electronic communications from MaKami College Inc.

Emergency Contact \_\_\_\_\_  
first name last name  
\_\_\_\_\_ relationship home phone number other/cell

**Course:** Advanced Clinical Massage Therapy - 3000 Hours

Which year would you like to apply for? (Check one)

Year 1  Year 2   
In order to take the 2<sup>nd</sup> Year, you must first successfully complete the 1<sup>st</sup> Year

Month / Year wanting to start program?

\_\_\_\_\_

Are you a transfer student? Yes  No

If so, from where? \_\_\_\_\_

Upon acceptance; method of payment: \_\_\_\_\_

Education:

School Name and Location (High School & Post Secondary)	Highest Grade or Level Completed	Certificate or Diploma Achieved

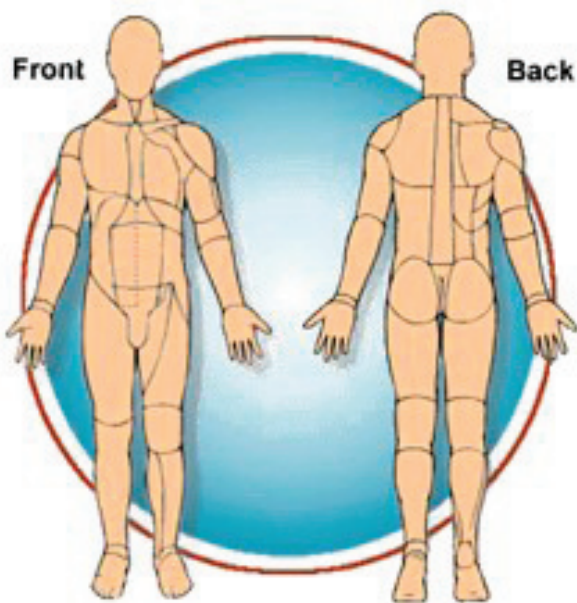
## Medical History

Do you have any allergies?    Yes     No     List: \_\_\_\_\_

Do you have any disabilities that may prevent or restrict you from fully participating or succeeding in this program?    Yes     No

Have you been diagnosed with any contagious or infectious diseases?    Yes     No

Do you suffer from pain, headaches or have past injuries that still cause discomfort? If yes, please circle the problem areas below:



Please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Declaration

Please sign and ensure that the application form is submitted well in advance. You will be notified regarding the status of your application within two weeks of receiving your application form and transcripts. An interview may be required upon request for admission into the program.

Please note, our profession requires a clean criminal record check in order to become an RMT. Should you have any questions regarding criminal records, please contact us.

I, \_\_\_\_\_, have read the above information and understand all that it states. I have answered all questions honestly, to the full extent of my current knowledge.

signed \_\_\_\_\_ dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\* In order for your application to be processed, you must provide MaKami College with an official high school transcript. Transcripts can be ordered at the college or by calling the transcript office at (780) 427.5732 or visiting their website at [www.learning.gov.ab.ca](http://www.learning.gov.ab.ca).

How did you hear about MaKami College? \_\_\_\_\_



For Office Use Only

Application status:    Accepted     Denied     Waiting List