



**APPLICATION FORM**

**CLINICAL ESTHETICS DIPLOMA PROGRAM**

**REGISTRATION DATE:** \_\_\_\_\_ **STUDENT ID #:** \_\_\_\_\_ **ASN:** \_\_\_\_\_

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle (Second) Name: \_\_\_\_\_

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship status with Emergency Contact Name: \_\_\_\_\_

**STATUS IN CANADA**

Canadian Citizen: \_\_\_\_\_ Permanent Landed Immigrant: \_\_\_\_\_

Country of Origin of Applicant: \_\_\_\_\_

**WHICH SESSION ARE YOU APPLYING FOR**

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_

Spring: \_\_\_\_\_ Summer: \_\_\_\_\_



## **EDUCATION BACKGROUND**

**University /College. Secondary school attended (start with most recent studies)**

Education/Program Completed	Month/ Year completed	Location
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**How did you hear about Rosewood College?**

Advertisement: \_\_\_\_\_ Internet: \_\_\_\_\_ Website: \_\_\_\_\_

Friend: \_\_\_\_\_

I certify that all statements on this application are correct and complete. I understand that Rosewood College has the rights to not accept my application for any false information. I agree to abide by all regulations of Rosewood College.

**Name of the Applicant (PLEASE PRINT):** \_\_\_\_\_

**Signature of the applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **For Office Use Only:**

**Meet the Criteria for admission :** YES \_\_\_\_\_ NO: \_\_\_\_\_

**Name of Evaluating Officer :** \_\_\_\_\_

**Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_