



# CANADIAN COLLEGE OF TRADITIONAL CHINESE MEDICINE

## Student Information Form International / Domestic

Date: YYYY/MM/DD

Student No:

Last Name/姓 :	First Name/名 :	Middle Name/字 :
Birth Date/生日: YYYY/MM/DD	Cell/手機 :	Primary Language/主要語言 :
E-mail/郵箱 :	Country of Origin/國籍:	
Residential Address/現居地址: Permanent Address (if not the same as residential address)/戶籍地址:		
Where to stay? <input type="checkbox"/> Homestay <input type="checkbox"/> Apartment <input type="checkbox"/> Others, specify:_____		
Address in Canada:		
Occupation / 職業 :	Gender / 性別: M / F	
How did you hear about us?		
Program Interested: <input type="checkbox"/> Diploma of Acupuncture <input type="checkbox"/> Diploma of Traditional Chinese Medicine Specify:		