安 大 略 中 醫 學 院
Ontario College of Traditional Chinese Medicine
E d u c a t i o n - T r a d i t i o n - M e d i c i n e
www.octcm.com - info@octcm.com - 905 604 8855 - Suite 507, 7130 Warden Ave. Markham, ON. Canada L3R1S2

Re-admission Application

This form must be when a student has been out of school for more than two semesters. A $50 re-admission fee is to be submitted with the application.

First Name		**Last Name**	
Street		**City**	
Province		**Postal Code**	
Phone		**Alternate Phone**	
Email			
Program Name			
Last Term Attended	☐ Fall 20____	☐ Winter 20____	☐ Spring 20____

Re-admission Application Waiver

I, the undersigned acknowledge that:

1. I understand that program and course requirements may be different from when I was last enrolled and I am responsible for completing the new/changed program standards, which may include retaking courses, taking courses not originally required or enrolling in extra clinic hours as necessary.
2. I understand the Academic Standards as outlined in the OCTCM Academic Catalogue & Student Handbook and will follow by these standards for my duration of study at OCTCM.
3. I understand that I am responsible for any outstanding balance owed to OCTCM.

_____   _____

Signature of Student   *Date*

OCTCM Use Only:

Date Received: *(yyyy/mm/dd)*	**Staff Signature:**