



APPLICATION TO GRADUATE

Applications are reviewed on an ongoing basis. Incomplete applications will not be considered. Please contact OCTCM if you require any assistance with this application.

Program Information

- Diploma of Acupuncture (3 years)
- Diploma of TCM Practitioner (4 years)
- Diploma of TCM (4,200 hours of study)
- Diploma of Acupuncture (Intensive, 2 years)
- Diploma of TCM Practitioner (Intensive, 3 years)

Personal Information

First Name: _____ Last Name: _____ Date of Birth: DD / MM / YY

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Telephone #: Cell _____ Work: _____

Email Address: _____

Please Note: Graduation information will be sent to the e-mail or mailing address provided by application above. You are responsible for ensuring your contact information is up-to-date on application.

Graduation Information

I am applying for: Winter (April) Graduation Spring (August) Graduation
 Fall (December) Graduation

\$100 fee charge includes: 1. Diploma 2. A graduation ceremony ticket

Payment Method: Cash Cheque Debit card E-Transfer

The information is used for the academic, administrative and statistical purposes of the college. The information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the Admission Office of OCTCM, or at 905-477-8855, or see www.octcm.com.

I hereby attest that all information provided by me, in this application is true.

Print Name of Applicant

Signature of Applicant

Date

OCTCM| OFFICE USE ONLY

Date of application: _____
Student Name: _____

Student Number: _____
Received and Record by: _____