

# FORM 15

## Application for Student Registration

**REQUIRED INFORMATION - Please Print**

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

Age : \_\_\_\_\_ Sex : \_\_\_\_\_ Date of Birth : (dy) / (mo) / (yr)

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

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone : ( ) Telephone #2 : ( )

Place of Birth : \_\_\_\_\_ S.I.N : \_\_\_\_\_

Email : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Telephone : ( )

List full particulars of all academic and professional training colleges/universities that you attended and are attending: name, location, year graduated, and degree obtained.

Naturopathic College:	Location :
Year Enrolled :	Degree Date :
College/University :	Location :
Year Graduated :	Degree Obtained :
College/University :	Location :
Year Graduated :	Degree Obtained :

I declare that the answers and statements contained in this application are true and correct.

Signature of Applicant : \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Are you registered or licensed with any professional regulatory body? if so please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photo 2.5 X 2.5  
Head and Shoulder**

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT**

I hereby consent to the checking of any records pertaining to this and subsequent registration applications, such as renewal and certifications.

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I further consent that the information obtained may be used to substantiate the registration and application procedure.

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I understand that the data collected by the Registrar's office will be disclosed to the Registration Committee.

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Last Name :

First Name :

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Signature of Applicant :

Date of Signature :

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