Canadian College of Holistic Health

305 – 330 Hwy 7 West, Richmond Hill, Ontario, L4B 3P8
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THE UNDERSIGNED APPLICANT HEREBY MAKES APPLICATION
AS A STUDENT OF THE CANADIAN COLLEGE OF HOLISTIC HEALTH

COURSE NAME _____

Name: (First) _____ (Last) _____

Address: _____

_____ Postal Code _____

Telephone:(Res) _____ Bus: _____

Academic Information:

Name of School	Dates Attended	Area of Study	Degree/Diploma

Professional Information: (List any professional training/licenses you have) or any related experience:

Trainings	Dates	Certificate / Licenses

I HAVE READ AND UNDERSTOOD THE COURSE OUTLINE

Signature: _____ *Date:* _____

I would like to pay the tuition with:

- ❑ Visa
- ❑ Master Card
- ❑ Cheque
- ❑ Cash

My card number is: _____ Expiry Date: _____
Please return when completed

The Canadian College of Holistic Health is prohibited by law from guaranteeing a position to any student or prospective student and this contract is subject to the regulation of the College.
Any student who decides to withdrawal from the course must submit a written request to the Dean of the College for withdrawal from the course. Tuition fee will be refunded as follows:
Before the first session stated, 100% minus $100.
Between the first and second session, 80$ minus $100.
After the second session, NO REFUND.
The applicant agrees to pay a registration fee of $100.00 with the application, such fee will be applied against the cost of the course, it is understood that the registration fee is not refundable. It is understood that the fees are payable in advance in accordance with the plan for payment indicated below.
The College reserves the right to cancel a program or any course within the program. Applicants affected by cancellation may transfer their application to the next scheduled class or receive a refund of all monies paid.
I hereby release the Canadian College of Holistic Health Ltd. And all branches and affiliation from all claims or damage arising from any accident or injury which is caused by or arises from participation of the applicant named herein, during any program or any facility or at any location where a program is held.
I certify that I have read, understood and have received a copy of this application.
The undersigned applicant hereby undertakes and agrees to pay, or see to payment of the fee mentions below in accordance with the terms of this contract.

The Course Tuition is $ _____ Paid _____

_____ _____
Applicants Signature **Date**

Accepted by _____ Date _____