



Student Application

The following general information will guide the admission of students to programs at TCMACM. Should an applicant not meet the standards of admission to the program they have applied for, an alternate program will be offered to the applicant.

Every effort will be made to offer assistance in helping the applicant achieve their goals. Applicants must be 18 years of age or older prior to starting the program. Visit the College website: www.theacupuncturecollege.com for program-specific information.

HOW TO APPLY?

Requirements and Documentation

- A sincere interest in TCM and/or acupuncture.
- Have completed a high school education in Manitoba or equivalent, with a 60% average or better in Grade 12 English, Grade 12 Math and Grade 12 Science.
- Out of high school for at least two years OR successful completion of one year of post-secondary education verified by transcript.
- Original or certified documents must be submitted.
- Some programs will require additional documentation once it is determined that the academic requirements have been met.

English Language Proficiency Requirements (subject to change)

English is the language of instruction and communication at TCMACM. All international applicants must demonstrate sufficient English language proficiency to meet the demands of classroom instruction and written assignments by submitting one of the following English Language Proficiency test results. The following are College minimum English Language Proficiency requirements; however some programs may require higher levels of English Language proficiency.

Where there is uncertainty regarding academic or language readiness, additional college admissions assessments may be required. Assessment fees may apply.

IELTS: minimum of 5.5 in Listening, 5.5 in Reading, 5.0 in Writing, 5.5 in Speaking

TOEFL: Minimum total score of 79-80 (IBT) with a minimum of 19 in each section

CANTEST: Minimum of 4.5 in Reading and Listening sections; 4.0 in Speaking and Writing sections

CAEL: minimum overall result of 60 with a minimum of 60 in each section

WHEN TO APPLY

Completed applications are accepted on an on-going basis and are processed on a first-come, first-served basis. We recommend that you apply **at least six (6) months prior** to the start of the program. Programs have a limited number of spaces available for international students.



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APPLICATION FEE AND DEPOSIT

Applicants must submit a non-refundable application fee and a non-refundable tuition deposit with a completed application package. Payment can be made by credit card, money order, bank draft or bank transfer payable to TCMACM. Applications submitted without the fees may not be processed.

METHOD OF PAYMENT

Cash Debit Card Credit Card

Credit Card Number	
Expiry Date (mm/yy)	
Name on Card	
Security Code on Card Back	
Signature	

FEES MAY BE TRANSFERRED ELECTRONICALLY TO:

RBC Royal Bank, Pembina & Kirkbridge Branch

26-2855 Pembina Highway

Winnipeg, MB

Canada R3T 2H5

For account: TCMACM (Traditional Chinese Medicine and Acupuncture College of Manitoba)

Financial Institution 003, Branch number 08067, Account number 102-067-6

Swift Code: ROYCCAT2



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PLEASE PRINT CLEARLY / ALL APPLICABLE FIELDS MUST BE COMPLETED

PROGRAM CHOICE

TCM Practitioner (4 Years)		Acupressure (2 Years)	
Acupuncture Diploma (3 Years)		Chinese Herbalist (1 Year)	
Short Courses (May select more than one course)			

Indicate preferred academic start date: January May September

PERSONAL INFORMATION

Last/Family Name		First/Given Name		Middle Name	
Mailing Address					
City/Town		Province		Postal Code	
Telephone		Fax		Student's Email (required)	
Date of Birth	YYYY/MM/DD	Citizenship			
Gender Identity		Female		Male	Other
Emergency Contact:					
First Name		Last Name		Telephone	
Address		Relationship		Email address	



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EDUCATION HISTORY

Please list all high school and post-secondary education below (including training in alternative therapies). Attach a copy of your high school transcript and any post-secondary transcripts (a photocopy is acceptable).

Institution	Dates Attended	Program Name	Date of Grad (if applicable)

PROOF OF LANGUAGE PROFICIENCY

Language Test:	IELTS	TOEFL	CanTEST	CAEL
Date Taken:				
Test Results:	Listening	Reading	Writing	Speaking



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APPLICANT DECLARATION. PLEASE AFFIRM THE FOLLOWING BEFORE YOU SUBMIT YOUR APPLICATION

I have read, understood, and agree to the following declaration:*

- I have read and understood the program admission requirements and application instructions including the section regarding use of personal information.
- I am prepared to mail/courier required documentation to be received within 30 days of submitting my application.
- I understand my application will be cancelled if I fail to submit required documentation or fail to respond to College communications within the deadlines specified.
- I understand that misrepresentation, falsification of documents, or the withholding of requested information with respect to my application may result in cancellation of my application, acceptance, and registration, or dismissal from the College.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.
- I understand that the start date I am applying to may change, and that the College cannot guarantee admittance into a specific start date.
- I understand that payment of the application fee does not guarantee admittance into the College or my requested start date
- I will provide true and complete statements with respect to my application.
- If admitted, I agree to comply with the regulations of TCMACM.
- I understand that TCMACM has the right to cancel a program due to low enrolment.
- I authorize my high school/college/university to release my academic record(s) for admission purposes should the need arise to accelerate the processing of my application.
- If enrolled in a joint program, I authorize TCMACM to share my academic record with partner institutions.
- I understand that TCMACM may communicate with Citizenship and Immigration Canada and other regulatory organizations as required by law.
- I understand it is my responsibility to notify the College of changes to my personal information including my name, address, phone number, and e-mail address. Therefore, I understand College communication returned as undeliverable will result in my application being cancelled.

Date

***Signature of Student in English (do not print)**

Please complete the form and submit to the College by mail, fax, or in person.