



CANADIAN BIOLOGICS SCHOOL
OF MEDICAL SCIENCES

MAIL TO:
CANADIAN BIOLOGICS INC. SCHOOL OF MEDICAL SCIENCES
ADMISSIONS OFFICER
ATTENTION: DR. P CONYETTE
SUITE 101 – 374 RIVER AVE
WINNIPEG MB R3L 034

TOLL-FREE: 1-888-840-2059

APPLICATION FORM – PAGE 1

CONTACT INFORMATION

NAME

DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS – STREET – BOX

CITY

PROV. / STATE

PC/ZIP

EMAIL ADDRESS

PHONE #

PHONE # (ALTERNATIVE)

SCHOOL(S) ATTENDED *please include graduation date and credential obtained, Health Care workers, attach curriculum vitae.

SCHOOL

CREDENTIAL

GRADUATION DATE

Financial assistance is required? YES NO

Please remember to submit your letter of intentions after graduation in order to compete for assistance. Students will be considered on a case by case basis.

Indicate a check mark if the following documents have/will be mailed pertaining to your previous educational experience. This is necessary in order to be considered for credit transfer.

Transcripts: YES NO Book lists: YES NO Course details: YES NO

REFERENCES *Please include at least three professional refer

REFERENCE NAME

OCCUPATION

CONTACT INFO

