

## Application for Pre-approval CERTIFICATE HEALTH SERVICES MANAGEMENT

▶ Please read application instructions. Please print and complete the form.

A NAME								
1. Mr.				Student Number (Current/Previous, if applicable)				
Legal Surname		Othe	Other/Previous Surname(s)					
Legal First Name	Legal Middle Na	Legal Middle Name		Third Initial				
				1				
B MAILING ADDRESS								
Notice of any change is required in writing to the office of Enrolment Services and Student Records.								
Apt. Number	Street							
City or Town	Province	ſ	Postal Code		Country			
Home Phone	Work Phone			Fax ( )				
( ) ext. ( ) Email Address:								
C EDUCATION HIST	ORY							
Please list all post-secondary sch		attended.						
	d location of institution		Degree	I	Program			
to								
to								
to								
to								
Officially certified transcripts of post-secondary results must be submitted, as well as any additional required documentation. Unofficial photocopies of transcripts are not acceptable. Activities from high school to the present must be accounted for. Course descriptions/teaching outlines are required for advanced standing/transfer credit assessment.								
Transcripts are enclosed from the following schools:								
Additional transcripts will be forwarded from the following schools:								



Approval: \_\_\_

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<b>EMPLOYMENT HISTORY</b>							
Please list all related work experience.							
Years	Organization	Title	Supervisor				
to							
to							
to							
to							
Attach a detailed resume of work experience including at least two references with contact information that Ryerson can contact to confirm your work experience. Ryerson will notify you if we are going to contact a reference.							
- DECLARA	TION						
E DECLARA							
	pplication will not be processed withou						
I have read and understood the application instructions, and my signature below indicates that all responses are true and accurate. No relevant information, academic declaration or citizenship, status in Canada, or any other information, has been withheld, otherwise my admission to or registration at Ryerson University may be revoked.							
Applicant Signature:		Date:					
Note: This application will not be processed unless it is signed and dated.							
OFFICE USE ONLY							
Approval:		Date:					
Completed application form and all necessary documentation should be submitted to:							
Program Coordinator, Bu The G. Raymond Chang RYERSON UNIVERSITY Toronto, ON M5B 2K3	School of Continuing Education	Email	il: ce@ryerson.ca				
OFFICE USE ONLY							