



Canadian School of Natural Nutrition

TEACHING THE MEDICINE OF THE FUTURE®

REGISTRATION FORM TORONTO BRANCH

2221 Yonge Street, Suite 305
Toronto, ON, M4S 2B4
(T) 416-482-3772 (F) 416-482-3712

SEE ATTACHED PAYMENT PLAN OPTIONS

Name: _____

Address: _____

City: _____ Postal Code: _____ E-mail: _____

Phone: (H) _____ (C) _____ (B) _____

Date of Birth: _____ Emergency Contact: _____

Indicate Choice of Program:

ONE YEAR PROGRAM (Day)

- September – July (1 year program)
- March – March (1 year program – break for summer)

TWO YEAR PROGRAM (Evening)

- September – June (2 year program – break for summer)
- March Term (1 ½ year – NO break for summer)

REQUIREMENTS – I understand that, in addition to the classroom studies in which I must maintain an average of 80%, a minimum of 50 Practicum hours and 14 case studies must be completed before the final oral examination date to meet the CSNN requirements to graduate.

RELEASE – “I hereby release the Canadian School of Natural Nutrition Inc. and all branches and affiliations from all claims of damages 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 any location where a program is held”

CONFIDENTIALITY AND DISCLOSURE – Absolutely no part of the content in the copyrighted publications, course material or teachers notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSNN program. Breach of these restrictions will result in legal action.

I certify that I have read and understood the items outlined on the registration form. Also, I understand that I am expected to follow the *Code of Ethics* outlined on the back of the registration form.

Applicant's Signature

Received by: _____ Date: _____
Admission Office

Your application should include the following:

- A copy of your diploma (your highest academic standing)
- A one-page written personal statement explaining your commitment to and motivation for applying to this program
- A copy of one piece of photo I.D.



PAYMENT PLAN OPTIONS

❖ **PLAN A – FULL PAYMENT**

Total Tuition \$5,668.00

❖ **PLAN B – 4 INSTALLMENTS**

*** ONE YEAR * Day - with 4 Installments**

September Term

1st Payment - \$1,798.20 (Upon Registration) 2nd Payment - \$1,289.94 (November 1st)
3rd Payment - \$1,289.94 (February 1st) 4th Payment - \$1,289.94 (April 1st)

March Term

1st Payment - \$1,798.20 (Upon Registration) 2nd Payment - \$1,289.94 (May 15th)
3rd Payment - \$1,289.94 (September 15th) 4th Payment - \$1,289.94 (December 15th)

*** TWO YEAR * Evening - with 4 Installments**

September Term

1st Payment - \$1,798.20 (Upon Registration) 2nd Payment - \$1,289.94 (January 15th)
3rd Payment - \$1,289.94 (September 15th) 4th Payment - \$1,289.94 (January 15th)

March Term

1st Payment - \$1,798.20 (Upon Registration) 2nd Payment - \$1,289.94 (September 1st)
3rd Payment - \$1,289.94 (December 1st) 4th Payment - \$1,289.94 (April 1st)

❖ **PLAN C – MONTHLY INSTALLMENTS**

One Year Program - DAY - 10 Installments

1st Installment of \$866.60 plus 9 monthly installments of \$533.49 each

Two Year Program - EVENING - 20 Installments

1st Installment of \$598.85 plus 19 monthly installments of \$266.80 each

❖ **PLAN D – OTHER (Upon approval by Branch Manager)**

1st INSTALLMENT IS REQUIRED UPON REGISTRATION (no registration fee)

I agree to: Pay \$ _____ as the **1st installment** and submit

_____ subsequent installments of \$ _____

To date these payments the 1st or 15th (circle one) of the month

Postdates are required on or before 1st day of class (Plans are interest-free)

*BOOKS ARE EXTRA AND COST APPROX. \$675.00+GST
** \$100 CHARGE APPLIES FOR INDIVIDUALIZED OR ACCELERATED SCHEDULES
1st year Alumni Fee + HST already included.

Date: _____

STUDENT SIGNATURE

ACCEPTANCE & APPROVAL SIGNATURE