

Application for Pre-approval
CERTIFICATE in Health Services Management

THE CHANG SCHOOL

RYERSON UNIVERSITY
 CONTINUING EDUCATION

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

A NAME			
1. Mr. <input type="checkbox"/> 2. Mrs. <input type="checkbox"/> 3. Miss <input type="checkbox"/> 4. Ms. <input type="checkbox"/> 5. Dr. <input type="checkbox"/> 6. Other <input type="checkbox"/>			Ryerson Student Number (Current/Previous, if applicable)
Legal Surname		Other/Previous Surname(s)	
Legal First Name	Legal Middle Name	Third Initial	

B MAILING ADDRESS				
Notice of any change is required in writing to the office of Enrollment Services and Student Records.				
Apt.	Number	Street		
City or Town		Province	Postal Code	Country
Home Phone		Work Phone	ext.	Fax
Email Address:				

C EDUCATION HISTORY			
Please list all post-secondary schools attended or being attended.			
Years	Name and location of institution	Degree	Program
From to			
From to			
From to			
From 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: _____			

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D EMPLOYMENT HISTORY

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.

E DECLARATION

Please note that your application will not be processed without the appropriate documentation.

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, Business
 The G. Raymond Chang School of Continuing Education
 RYERSON UNIVERSITY, 297 Victoria Street
 Toronto, ON M5B 2K3

Email: m1johnso@ryerson.ca

OFFICE USE ONLY

Approval Code: _____ Date: _____