



Application Form

7163 Yonge Street, Suite 218
 Thornhill, ON L3T 0C6, Canada
 Tel: +1 (647) 847 - 9818
 Email: admissions@caasn.com

PERSONAL INFORMATION:

Full Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: YYYY/MM/DD
Address:	Date of Registration: YYYY/MM/DD	
Contact Information: Phone: Email:	Emergency Contact: Name:..... Phone:.....	

SELECT A PROGRAM:

<input type="checkbox"/> General Nutrition <input type="checkbox"/> Fitness Nutrition <input type="checkbox"/> Sports Nutrition, Level 1 <input type="checkbox"/> Sports Nutrition, Level 2 <input type="checkbox"/> Sports Nutrition	<input type="checkbox"/> Beauty Nutrition <input type="checkbox"/> Medicinal Nutrition <input type="checkbox"/> Weight Management Coach Level 1 <input type="checkbox"/> Weight Management Coach Level 2 <input type="checkbox"/> Integrative Therapeutic Nutrition
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EDUCATION AND ACADEMIC BACKGROUND:

Name of Institution	Country	Degree or Certificate Obtained	Period	
			From: MM/YYYY	To: MM/YYYY
1.				
2.				

APPLICATION CHECKLIST:

Your application must include all required supporting documents listed in this section:

- ☐ Application Form
- ☐ A copy of your latest degree/certificate/diploma

Note: Application form and a copy of your latest degree/certificate/diploma must be emailed to admissions@caasn.com

DECLARATION:

I hereby certify that:

(a) All of the information on this application form and on all supporting documents submitted on my behalf with respect to this application (all of which together constitute "my application") are true, complete and correct; and (b) All of the information relevant to my application has been included in my application.

I agree that if any information in this application form and in all accompanying supporting documents is false or misleading, or if any relevant information has been concealed, withheld, or not submitted as part of my application, my application may, at the sole option and discretion of the *Canadian Academy of Sports Nutrition*, be rejected from eligibility, or if I have already been admitted to the program, my admission and enrollment may, at the sole option and discretion of the academy, be cancelled or revoked.

I agree to follow all of the policies, terms and conditions, and guidelines set by the academy and that all decisions made by the Canadian Academy of Sports Nutrition are final and cannot be challenged.

Signature: _____

Printed Name: _____

Date: _____