



**TORONTO INSTITUTE OF PHARMACEUTICAL TECHNOLOGY**  
*PIONEERING PROFESSIONAL EXCELLENCE & CERTIFICATION*

**2018 REGISTRATION & APPLICATION FOR ADMISSION**

**Note to Applicants: this form must be completed in full. Incomplete applications may result in delayed processing.**

**Please place check mark to indicate the Diploma Program and in-take session you are applying for:**

YEAR COMMENCING:	<input type="checkbox"/> JANUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> JUNE	<input type="checkbox"/> SEPTEMBER
<input type="checkbox"/> PHARMACEUTICAL MANUFACTURING TECHNOLOGY DIPLOMA	<input type="checkbox"/> PHARMACEUTICAL RESEARCH & DEVELOPMENT DIPLOMA		<input type="checkbox"/> PHARMACEUTICAL QUALITY ASSURANCE & QUALITY CONTROL DIP	
<input type="checkbox"/> PHARMACEUTICAL REGULATORY AFFAIRS DIPLOMA	<input type="checkbox"/> PHARMACEUTICAL QUALITY CONTROL ANALYST CERTIFICATE		STATUS: <input type="checkbox"/> PR <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____	

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> OTHER	DATE OF BIRTH	DAY:	MONTH:	YEAR:
COUNTRY OF CITIZENSHIP:							
LAST NAME:			FIRST NAME:			MIDDLE INITIAL:	
STREET ADDRESS:						UNIT #:	
CITY:	PROVINCE:	COUNTRY:			POSTAL CODE:		
TEL (H):		EMAIL:			TEL (EMERG):		
<i>Next of Kin Information</i>							
LAST NAME:			FIRST NAME:				
STREET ADDRESS:						UNIT #:	
CITY:	PROVINCE:	COUNTRY:			POSTAL CODE:		
RELATIONSHIP:						TEL:	

**EDUCATIONAL BACKGROUND**

INSTITUTION NAME, CITY AND COUNTRY (PLEASE ATTACH SEPARATE SHEET IF NECESSARY)	ATTENDANCE		MAJOR AREA OF STUDY	DEGREE /DIPLOMA
	FROM	TO		

**Transcripts / Certificates must be Official (Signed and Sealed by Issuing Institution)**

Under the Personal Information Protection and Electronic Documents Act (PIPEDA), Toronto Institute of Pharmaceutical Technology is committed to protect the personal information of all our constituents. All information collected on this form is in accordance with the TIPT Privacy Policy.

**OTHER TRAINING**

INSTITUTION NAME	YEAR COMPLETED	MAJOR AREA OF STUDY	DEGREE /DIPLOMA

**APPLICATION PROCEDURE**

The applicant may apply on-line at [www.tipt.com](http://www.tipt.com) or in person at the campus. The application form may also be mailed to the address on front of application form or faxed to the Central Administration Office at **(416) 296-7077**. If you have any questions regarding the application process, please call **(416) 296-8860**.

**APPLICATION FEE**

The applicant agrees to pay \$100.00 with this application. This fee is non-refundable and will be applied against the cost of tuition. Note: Cheque must be in Canadian (CDN\$) currency and must be drawn on a Canadian bank. Make cheques payable to: TORONTO INSTITUTE OF PHARMACEUTICAL TECHNOLOGY.

**PAYMENT INFORMATION**

All fees are payable in advance upon acceptance. Students who require a payment plan or financial assistance should contact our Student Financial Aid Office for details. Tuition fees include Instruction and Practical Training. Tuition fees are tax deductible. Students who are on TIPT monthly payment plan will be charged a 1.5% interest.

The Institute reserves the right to cancel the aforementioned courses when sufficient enrolment is not attained. Applicants affected by cancelled classes may elect to transfer their application to the next scheduled session.

*I hereby agree to pay, or see to payment of the fees in accordance with the terms of this contract.*

If the applicant is responsible for payment, (s) he must sign both sections (A) and (B) below.

(A) \_\_\_\_\_ (B) \_\_\_\_\_  
**(Applicant's signature) (Date) (Person responsible for payment) (Date)**

In consideration for the payment of fees as mentioned above, TIPT agrees to supply the course of instruction to the applicant upon the terms herein mentioned. TIPT reserves the right to cancel the application if the above named student does not meet entrance standards and other admissions prerequisites.

*All candidates shall be given equal consideration regardless of age, color, sex, marital status, national origin, religion or physical ability. Any answers to the questions on this form will not be used to discriminate against any candidate.*

The Admissions Office respects the confidentiality of all records received in support of your application, however, we reserve the right to disclose information in part or totally to whom the Office deems appropriate.

TIPT is a Professional Pharmaceutical Training Institute and is Registered as a private career college under the Private Career Colleges Act, 2005. TIPT is prohibited by law from guaranteeing a position to any student or prospective student. This contract is subject to the provisions of the *Private Career Colleges Act 2005*, and regulations made there under.

OFFICE USE ONLY		
Intake Representative: _____	Date: _____	App Fee Rcvd: _____
Administration: _____	Date: _____	Student ID No: _____
Registrar: _____	<input type="radio"/> Accept <input type="radio"/> Reject	Date: _____