

# Career Programs - Application for Admission

## Edison Institute of Nutrition

208-137 Main St. Phone: 1-800-456-9313  
North Fax: 1-888-466-5574  
Markham, ON E-mail:  
L3P 1Y2 Canada info@edisoninst.com

**Instructions:** Please complete the following application form and mail it to the Edison Institute of Nutrition. Please include all of the following with this application:

- Application fee of \$125.00 CAD (non-refundable)
- Names, addresses and phone numbers of two references.
- A passport sized photo (for Student ID card).
- 200-word essay.
- Advanced Standing Credit Assessment Fee for Transcript Evaluation of \$50.00 CAD(non-refundable)

NOTE: Additional information can be found under Application Procedure on page 31 of the course catalogue.

## Program of Study

*Please indicate your intended program of study:*

- Certificate Program       Practitioner Program       Masters Program

## Applicant Data

*Please type or print clearly and be sure to complete and sign the back page of this application form.*

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Shipping Address (if different than above) \_\_\_\_\_

City/State/Zip Code/Country \_\_\_\_\_

Telephones (incl. area code): Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

## Previous Education

**Primary & Secondary:** Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13

**Postsecondary:**

College/School/Institution	Major	Degree	Date	Name on
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

*Please check boxes above to indicate which schools will be sending official transcripts. Only official transcripts mailed directly from institutions will be evaluated.*

---

---

## Payment Information

---

---

**Please indicate if you are including payment for courses:**

- Application Fee    Module 1 tuition / texts    Assessment Fee  
 Other (describe) \_\_\_\_\_

---

**Please indicate method of payment:**

- VISA    MasterCard    American Express    Money Order    Certified check

---

**Please provide the following information if paying by credit card:**

Card Number \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_

Name of Card Holder (please print) \_\_\_\_\_

Authorized signature of card holder \_\_\_\_\_

Address and phone if different to applicant \_\_\_\_\_ Phone \_\_\_\_\_

---

---

## Additional Information

---

---

**Please include here any additional information relevant to your application (include extra pages, if necessary):**

---

---

---

---

---

## Agreement

---

---

I fully understand that all of the course and study materials supplied to me by Edison Institute of Nutrition (EIN) are for my own personal use only. I agree not to share this confidential information with any other person, group, company or organization. I agree not to reproduce or transmit the whole or any part of this course by any means whatever, electronic or mechanical, including photocopying or by any information storage and retrieval system.

I hereby fully understand and agree that acceptance by EIN is provisional and that I may be removed from any EIN instructional program at any time, without recourse, for failure to meet its standards. I also agree to accept all financial conditions and agreements.

I clearly understand that nutrition is a science of wellness whose sole purpose is to teach me how to build and maintain nutritional well-being, both for myself and others. I also understand that the teachings or methods of nutrition are not for the purpose of diagnosing disease or for providing medical advice. Should I engage in such behaviour, I do so entirely at my own risk and discretion. If medical care should be required, it is the recommendation of EIN and its authors and publishers that capable, qualified medical personnel be consulted.

EIN offers its published material and courses simply for informational purposes, and I specifically relieve EIN and its authors and publishers from any responsibility for the consequences of following any of the recommendations contained in material offered by EIN.

I understand that EIN's programs are not designed to meet any national, state or local licensing or credentialing laws and that it is my responsibility to investigate this area thoroughly.

I release EIN and/or its authors, publishers and instructors from any damages, claims or liabilities whatsoever, as a result of the information presented.

I hereby certify that all of the above information presented by me is true and accurate.

Signed \_\_\_\_\_

Date \_\_\_\_\_