Student Application Form – Domestic

Print this form and send the completed application via email, mail, or fax. Details of how to send in your application are on t.

Personal Information

Please enter your personal contact information to begin the application.

First Name	Last Name

Email	Phone Number

Date of Birth	Country of Citizenship	Citizenship Status – Canadian Citizen or PR

Home Address	
City:	Province:
Postal Code:	Country:

Program Selection

Check your program of choice & the start date you wish to join. Visit tipt.com/programs for more information.

Program of Study	Desired Start Date
☐ Pharmaceutical Manufacturing (Diploma) ☐ Pharmaceutical Research & Development (Post-Graduate Diploma) ☐ Pharmaceutical Quality Assurance & Quality Control (Post-Graduate Diploma) ☐ Pharmaceutical Regulatory Affairs (Post-Graduate Diploma) ☐ Quality Control Analyst (Certificate) ☐ High Performance Liquid Chromatography (Certificate)	☐ October 2025 ☐ January 2026 ☐ March 2026 ☐ June 2026 ☐ September 2026

Toronto Institute of Pharmaceutical Technology
55 Town Centre Court, Suite 800, Toronto, ON, M1P 4X5
Tel: 416-296-8860 Fax: 416-296-7077
www.tipt.com admissions@tipt.com

Education

*If you are applying for **Pharmaceutical Manufacturing** and have not completed any post-secondary education, please provide your high school education information.

High School & City/Country	Average Overall Grade	Year Graduated

All other TIPT programs require a minimum Bachelor of Science or equivalent college diploma. Please provide your post-secondary education information.

College or University & City/Country	Area of Study	Degree/Diploma	Years Attended From To

Training / Apprenticeships

Include information on any relevant training programs or apprenticeships that you have successfully completed.

Institute or Organization	Type of Training	Year Completed	Award Received

Emergency Contact

Provide the contact details for a person you consider to be an emergency contact, in case any situation arises where TIPT needs to reach someone close to you.

First Name	Last Name

Email	Phone Number

Relationship to You	City & Country

Document Confirmation

Please ensure you have the following documents ready to be sent in addition to this completed application form:

- ☐ Post-secondary transcript
- ☐ Post-secondary diploma
- ☐ High school diploma (if applying for Pharmaceutical Manufacturing)
- ☐ Medical clearance form (if applying for Pharmaceutical Manufacturing or Research & Development) – available at: https://tipt.com/download/medical-clearance-form/

Application Fee

The applicant agrees to pay $100.00 CAD with this application. The fee is non-refundable and will be applied against the cost of tuition. Pay online using your credit or debit card at https://apply.tipt.com/application-fee or submit a cheque payable to 'Toronto Institute of Pharmaceutical Technology" in Canadian currency (must be drawn on a Canadian bank).

All fees are payable in advance upon acceptance. Students who require a payment plan for 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's monthly payment plan will be charged a 1.5% interest rate.

Application Submission

Now that you have completed the application form above and gathered your additional documents, you may submit your application using the following options:

By mail or courier
Domestic Education Admissions Office
Toronto Institute of Pharmaceutical Technology
55 Town Centre Court, Suite 800
Toronto, Ontario, Canada M1P 4X4

By fax
Send a fax of your signed application to +1-416-296-7077 with a cover page titled "Application – Your Name".

By email
Scan your signed application and save as "TIPT Application – Your Name". Email your application & additional documents with the subject "Scanned Application – Your Name" to admissions@tipt.com.

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.

Acceptance & Submission

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

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 the entrance standards and other admissions prerequisites.

All candidates shall be given equal consideration regardless of age, colour, 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.

Under the Personal Information Protection and Electronic Documents Act (PIPEDA), TIPT 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.

OFFICE USE ONLY		
Intake Representative	Date	App Fee Recv'd
Administration	Date	Student ID No
Registrar	Accept/Reject	Date

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