



**College of Massage and the Healing Arts Center  
Application for Admission**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Cell phone) \_\_\_\_\_ (other) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number (required on transcript) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex:  Male  Female

In case of emergency, please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Weekend) \_\_\_\_\_ (Evening) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Do you have a High School diploma or equivalent?  Yes  No

Your highest level of education and date of graduation: \_\_\_\_\_

Have you ever received a professional massage?  Yes  No

Do you have any conditions or concerns, which may require special accommodations?

No  Yes If so, please explain. \_\_\_\_\_

Do you smoke?  No  Yes If so, describe when \_\_\_\_\_

Employment status while in school:  full-time  part-time  not employed

If employed, where? \_\_\_\_\_

Are you available in the evening during class time? \_\_\_\_\_

What time considerations do you have around class times? \_\_\_\_\_

Are you applying for:  Full-time  Part-time  Variable schedule  not sure yet.

References - List two people who know you and might share their thoughts about your plans to attend classes.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How do you know this person? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How did you hear about the College? \_\_\_\_\_

In a short paragraph, please explain: (1) Why you want to learn massage and (2) Why you want to be a student at College of Massage and the Healing Arts Center.

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*I promise, to the best of my knowledge, each of the above statements are true.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with a **small photograph** of yourself and a **\$100 non-refundable application fee** to: ***College of Massage and the Healing Arts Center***

***Attn: New Student Admissions  
3601 Douglas Avenue, Des Moines, IA 50310***

Once we have received your application, a personal interview will be arranged prior to the decision regarding your acceptance in the Massage Therapy Program.

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_