



**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.

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: _____