

THE Massage Therapy Institute of Colorado

APPLICATION FOR ADMISSION

Indicate session you are applying for:

Winter - January _____ Starting Year _____

Spring - May _____ Starting Year _____

Fall - September _____ Starting Year _____

Accelerated - 800 hour 8 Month _____ Days offered _____

Full-time – 800 hour 12 Month _____ Days offered _____ Eves offered _____

Other MTIC Courses or Programs applying to (CEU etc) _____.

Transfer credit applying for _____

How did you hear about MTIC? _____

Please describe your experience receiving massage therapy

If no experience in receiving massage then, we suggest you make an appointment in our student clinic or with a CMT.
Referrals provided upon request.

Educational History

(please have official transcripts sent directly from institution to MTIC for all college transcripts & credits and high school transcripts or diploma)

Name high school _____ Year graduated from high school _____

City and State _____ GPA _____ (if known)

Higher Education. Please list colleges / occupational schools attended, # hours/credits, degree/diploma awarded

List any academic achievement awards.

List any other degrees or certifications (please enclose a copy), or job or life experience

Have you ever been placed on probation, suspended, expelled or been subject to official disciplinary action from any high school or postsecondary institution for any academic misconduct or behavioral misconduct? Yes ___ No ___

If yes please explain _____.

THE Massage Therapy Institute of Colorado

APPLICATION FOR ADMISSION

Professional History (from past to present)

Place of employment Dates Position/Title Duties/Responsibilities

Community activities/Volunteer work _____

Have you enclosed a recent CV/Resume? _____ Copy of drivers license or birth certificate _____

Have you enclosed 2 letters of recommendation about your character and integrity? (These should be from professional people, educational institution instructors, or employers) _____

List the names and addresses of two references other than family

Name _____ Phone _____

Address _____

Relationship to applicant: (employer, teacher, friend, other) explain _____

Name _____ Phone _____

Address _____

Relationship to applicant: (employer, teacher, friend, other) explain _____

Have you ever had a credential/license revoked or suspended? _____ If yes, give details _____

Do you have a pending criminal charge OR have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) Yes _____ No _____

If yes, give details _____

Do you use illegal drugs? _____

Do you have any history of drug convictions? Yes _____ No _____ explain _____

Are you aware that a history of drug conviction may affect Federal Financial Aid assistance? Yes _____ No _____

In the past, have you ever been disciplined for violating any company or school policies forbidding the use of alcohol/tobacco products? _____

THE Massage Therapy Institute of Colorado

APPLICATION FOR ADMISSION

Do you now, or have you had, in the past 2 years a contagious disease? _____
If yes please provide details.

Please describe any physical or other limitations which may require special planning _____

List any known medical conditions and please provide details. (All Information on this application will be kept confidential)

List any mental and/or physical limitations which may affect your studies and/or ability to perform massage

Please provide any other information you believe would be helpful to us in considering your application _____

Please provide us with a statement about your financial ability to cover your educational expenses.

I have visited MTIC and had a tour _____ I plan to visit MTIC for a tour _____

I hereby certify that to the best of my knowledge, the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal. I understand I am responsible to complete all application parts and procedures and to have transcripts forwarded from all educational institutions I have attended. These documents become the property of MTIC and will not be returned to me or duplicated for my needs. I hereby consent to the release of my high school transcript or any other materials relevant to an admission decision to the institution receiving this application. I also understand that if accepted to MTIC, acceptance is subject to verification of official records from all institutions I have attended.

If I enroll as a student at MTIC, I agree to observe all campus policies and regulations including the Honor Code and acknowledge that I am responsible for all financial obligations incurred. I understand that violation of any regulations or policies are grounds for suspension from the program. I understand that eligibility to practice varies from state to state and MTIC makes no guarantees that training for Colorado requirements or MTIC training meets requirements of other states.

Printed Name _____ Signature _____ Date _____

*You will be contacted by telephone to schedule a personal interview. If you are out-of-state and need a telephone interview, please inform us.

FOR OFFICE USE ONLY

CLASS _____ **ALS** _____
INT | AF | PIX _____ **DR** _____
LIR _____ _____