



APPLICATION FOR ADMISSION

Arbor College | School of Massage • 6500 Papermill Drive, First Floor • Knoxville, Tennessee 37919 • Telephone: 865.450.3330 • Fax: 865.588.0909 • www.ArborCollege.com

I. APPLICATION INFORMATION

Program
[Check one box only]

Application Session/Term
[Check one box only]

Office Use Only

- Day Program
- Evening Program
- Non-Diploma Seeking

- Spring
- Summer
- Fall
- Winter

\$75 Application Paid
_____ of _____

II. STUDENT INFORMATION

Social Security # _____ Date of Birth: _____

FULL LEGAL NAME

Last Name First Name Middle Name Suffix (Jr. Sr., Etc.)

NAME USED ON PREVIOUS ACADEMIC RECORDS (IF DIFFERENT FROM ABOVE)

Last Name First Name Middle Name Suffix (Jr. Sr., Etc.)

MAILING ADDRESS

Street Address Apartment # E-Mail Address

City State Zip Code Telephone #

U.S. Citizen? Yes No | Resident Alien? Yes No | Non-Resident Alien Yes No
If no, are you able to document your immigrant status? Yes No

- A. I have taken a tour of the campus? Yes No
- B. I give permission to send me important updates via text messaging? Yes No
- C. Have you requested your high school transcript be sent to Arbor? Yes No
- D. Do you plan to seek massage licensure in the State of Tennessee? Yes No
- E. Have you had a professional or student massage previously? Yes No
- F. How did you hear about Arbor? Friend Former Student Internet School Counselor Career Event Social Media

III. HIGH SCHOOL INFORMATION

Name of High School Street City State Zip

Applying as: High School Graduate General Equivalency Diploma Year of Graduation _____
Type of School: Public School Private School Home School Parochial School

List all colleges at which you have taken or are taking courses for credit and list names of courses. Please have a transcript sent from each institution as soon as the course is completed. If you need additional space, please attach a separate piece of paper.

Name of School	City/State	Course of Study	Dates Attended

Have you ever been expelled or suspended from school, placed on probation, or left school for an extended period of time? Yes No
(If yes, please explain on an additional page. If after submission of this form, new events occur which change the answer, you must notify us.)

IV. STATISTICAL INFORMATION

Information contained in this section will be used for purposes of statistical analysis and reporting only. It is not used in the admission process and will have no bearing on your admission status. Providing this information is completely voluntary.

- Gender** Male Female Non-binary
- Ethnic Identity** American Indian Hispanic/Latino Pacific Islander African-American/Black Caucasian/White Asian
- Relationship Status** Single Widowed Married Separated Divorced Partnered

Current Employer

Company Name _____ \$ _____ Rate of Pay _____ Hours per Week _____

Street Address _____ Telephone # _____

City _____ State _____ Zip Code _____

V. LEGAL AND ETHICAL QUESTIONS

Please answer the following questions truthfully, as they may influence your ability to become licensed in many states. Answering the questions inaccurately will disqualify you from acceptance by Arbor College; however, no question listed below will automatically prohibit you from acceptance into the program without allowing you to explain the circumstance during the interview process.

- A. Will you require any special teaching/instruction assistance in completing your program of study at Arbor College? *[If yes, explain circumstances on a separate sheet.]* Yes No
- B. Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? *[If yes, explain circumstances on a separate sheet.]* Yes No
- C. Have you ever been charged or convicted of any sexual impropriety, including solicitation or prostitution? *[If yes, explain circumstances on a separate sheet.]* Yes No
- D. Do you currently use any chemical substances which in any way impair or limit your ability to preform massage therapy with reasonable skill and safety? Yes No
- E. Have you previously applied for admission with Arbor College|School of Massage? Yes No
- F. Do you have any physical, psychological, or emotional problems of which we need to be aware? *[If yes, explain circumstances on a separate sheet.]* Yes No
- G. Do you have the ability to read, write, speak, and understand English fluently? Yes No
- H. Has your name been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state) Yes No

VI. FINANCIAL DISCLOSURE

How do you intend to pay your tuition?

- In Full Prior to Attendance ArborCare™ Payment Plan A Private Educational Loan Vocational Rehab
- Employment Assistance ArborCare™ Payment Plan B Other _____

Are you a (check all that apply) Veteran Dependent of US Veteran Active US Military National Guard /Active Reserve

If you are/were a part of the military, which branch (check all that apply) Army Navy Air Force Marines Coast Guard

Are you planning to use Veteran Education Benefits? Yes No

VIII. SIGNATURE

If accepted, I agree to abide by all school policies and procedures in effect at the time of my enrollment or that may be instituted thereafter. I certify that all the information provided on this application, all supporting documents, and subsequent communications are true, complete, and accurate. I understand Arbor is not liable for any emergency medical attention provided or for charges incurred from such. I understand all materials submitted for application become Arbor's property and will not be returned to the applicant. I understand that Arbor College|School of Massage may verify the information I have provided in my application and may deny admission or enrollment if any information is found to be incomplete, inaccurate, or misleading. I authorize the release of my transcript(s) by the high school or colleges listed in this application. I agree to notify the proper officials of the institution of any changes in the information provided.

Applicant's Signature

____/____/20____
Date of Application



OFFICIAL TRANSCRIPT REQUEST

DO NOT SEND THIS FORM TO ARBOR COLLEGE | SCHOOL OF MASSAGE
MAIL THIS TO YOUR HIGH SCHOOL OR COLLEGE

*This form is used by individuals seeking admission to the Clinical Massage Therapy Diploma Program at **Arbor College | School of Massage**. Please complete and send this form to the high school/college you are requesting the transcript from and they will forward it directly to Arbor.*

TO THE APPLICANT

Arbor College-School of Massage requires an official transcript from your high school or for your most recent post-secondary degree. Copies in your possession are not "Official." Please complete this section and send this form to your school. Your official high school transcript must be received before we can provide an admission decision.

Student ID# (Last Four) _____ Date of Birth ____/____/____ Year Graduated _____

Full Legal Name: _____
FIRST MIDDLE LAST

Address _____

CITY STATE ZIP CODE TELEPHONE

I authorize the release of my transcript to the addresses listed above. Physical signature required. Electronic signatures not accepted.

Signature _____/____/20____
Date

TO THE SCHOOL:

The above-referenced individual has made application to Arbor College | School of Massage. An official final transcript must be submitted before an admissions decision can be made. The transcript must contain the graduation date, final grades by course, grading scale, cumulative GPA, and the school official signature. Acceptable methods for receipt of transcripts are as follows:

- 1) Through the sending school's preferred electronic transcript vendor
- 2) By email attachment sent directly from the sending school to admissions@arborcollege.com
- 3) By conventional mail in a sealed envelope from the school

Please submit this student's official transcript, as soon as possible, along with this form, to :

Arbor College-School of Massage
Attn: Admissions
6500 Papermill Drive, Suite 100
Knoxville, Tennessee 37919

If you have any questions, please call us at (865) 450-3330 , or email us at admissions@arborcollege.com. *Thank you in advance for your help!*

School Name _____

Address _____

CITY STATE ZIP CODE TELEPHONE

Non-discrimination Statement

Arbor College | School of Massage does not engage in discrimination or harassment on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability, citizenship, veteran status, or genetic information in our educational programs and activities.