



# 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 perform 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 \_\_\_\_\_

#### 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 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 **transcript@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](mailto: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.*