

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

Program
[Check one box only]

Application Session/Term
[Check one box only]

Office Use Only

Day Program

Spring Summer Fall Winter

\$75 Application Paid

Evening Program

_____ of _____

None Diploma Seeking

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 # 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

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

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

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

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 _____

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 giving you an opportunity 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

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

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 the property of Arbor and will not be returned to the applicant. I understand that Arbor College|School of Massage may verify 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 hereby authorize the release of my transcript(s) by the high school and/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 _____

Date of Application ____/____/20____