

Student Application for Massage Therapy Program

Application must be filled out fully to be accepted. Any incomplete applications will be returned to applicant.

Application Date: _____
MM/DD/YYYY

Preferred Semester: ☐ Fall ☐ Spring

Social Security Number: _____

MCC ID#: _____

Name: _____
Last First Middle

Mailing Address: _____
City

_____ County State Zipcode

Phone Number: _____ Date of Birth: _____
MM/DD/YYYY

Email Address: _____

If the applicant has not received their High School Diploma or GED/HSA please list their anticipated graduation/completion date along with the school/institution information.

Did you receive a High School Diploma or GED/HSE? ☐ YES ☐ NO Date: _____
MM/DD/YYYY

Name of School/Institution you received your diploma/GED/HSE from

City

State

First-time college student? ☐ Yes ☐ No Financial Aid or Private Pay? ☐ Financial Aid ☐ Private Pay
☐ Installment Plan
☐ Full Payment

All payments, installment plans, and/or financial aid must be **posted** by the first day of classes.

Office Use Only (applicants do not fill out)

Has student submitted FAFSA? _____

Has student set up an installment plan? _____

Has student made payment? _____

NOTES: _____
