

**Student Application for Massage Therapy Program**

Application Date: \_\_\_\_\_  
MM/DD/YYYY

Social Security Number: \_\_\_\_\_ MCC ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
City County State Zip

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Email Address: \_\_\_\_\_

High School Diploma  Yes  No High School Name \_\_\_\_\_

GED/HSE?  Yes  No GED Issued From \_\_\_\_\_

Date of High School Graduation or GED Issued: \_\_\_\_\_  
MM/DD/YYYY

Are you a first-time college student?  Yes  No