

_____ \$1000 _____ Plan _____ Class
_____ Accept Let _____ 1 st Day Let
Record _____
(For office use only)

The Wisconsin School of Massage Therapy

N112 W15237 Mequon Road Suite 400, Germantown, WI 53022 262-250-1276 www.wsmt.org

Application for Admission

Name _____ Social Security Number _____
Last First Middle

Address _____ Birthdate ____/____/____
Street City/State Zip

Telephone _____
Work Home or Cell

Email Address(es) _____

Current Employment _____
Employer Job Title

Supervisor _____
Name Telephone Number

Education _____
High School City/State Year of Graduation

_____ College/University/Technical School City/State Degree/Year Field

If you have a history of medical problems, please describe the nature of your illness _____

Are you currently under medical supervision? Yes No

Please list any medications you are currently taking: _____

Please describe any physical challenges you have which may influence your performance as a massage therapist: _____

Please describe any learning challenges you have that could impact your success in this program: _____

Please describe any mental or emotional challenges you have that could impact your success in this program: _____

Please list the massage therapist from whom you have received at least 1 professional massage:

_____ Name Telephone

Please list any previous massage or bodywork experience/training: _____

Application is 2 Pages – see back of this page. Please fill out the whole application and attach essays.

Please describe any criminal record you have which could impact your ability to obtain a Wisconsin Massage Therapy License (may also use separate page to explain if needed, or None.)

Class for which you are applying (list Day Class/Accelerated Class/Night Class and start date):

Are you including \$1000 with this application? If not, what is your plan for that?:

What is your plan for paying the subsequent tuition? (Paying in full day 1 or before, Financing through school, TFC Financing, not sure yet):

Essay Questions

On a separate sheet of paper, please type or clearly print/write your response to the topics below and attach to your application.

1. Tell us about yourself (interests, hobbies, attributes, etc.)
2. Tell us why you wish to become a professional massage therapist.

Please sign below:

I have read and understood the school catalog. All information given on this application is true and accurate. I understand the refund policy: Students may cancel their application by calling the school within 3 business days of submission for a full refund of all tuition paid. Refunds will be made within 10 business days. Refunds for withdrawn or dismissed students are granted on a pro-rata basis calculated by the percentage of weeks of school attended. For example: If you are in the program 10% you will be refunded 90%
If you are in the program 25% you will be refunded 75%
If you are in the program 60%, you will not be refunded.

Students who attend at least 60% of the program will not be granted a refund. The portion of the tuition for books and table (approximately \$1000) is not refundable. Students would be responsible for selling these items themselves. Students will receive any refunds due within 40 days of dismissal or withdrawal.

Applicant's Signature

Date

For Office Use Only

Date of Interview ____/____/____ Interviewed by _____

Comments

Accepted Yes No

Pending Yes No Terms _____

If not accepted, why? _____