

# Advanced Fuller School Of Massage Therapy

"Our Touch Makes A Difference"

340-7132

## Application for Admission

Please print or type

Application  
Fee  
Attached

Attach  
current  
photo  
please

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_

List and describe your Massage and/or Health Profession Experience and Education.

Use a separate sheet to explain why you want to become a Massage Therapist. List where in your weekly schedule you will fit in the 20 hour average homework and practice time.

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If applying for the Basic Massage Program, please attach receipts from two CMT's you have received a massage from in the past 6 months. State the name, location and date below.

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_

Education Background:

Name	City/State	Dates Attended	Degree
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade/Vocation Training: \_\_\_\_\_

Employment Background. Please begin with the most recent.

Name of Business	Address	Supervisor	Date/Phone #
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Check Class Preference: Day Tuesday and Thursday Night Monday and Wednesday

Starting Date \_\_\_\_\_ 10 am - 2:30 pm \_\_\_\_\_ 7 pm - 10:30 pm \_\_\_\_\_

How did you become acquainted with the Fuller School?

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The application fee of \$100.00 is enclosed in cash or check. It will be refunded if you are not accepted into the program. You will receive a call before your starting date for your interview.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_