



Admissions- Initial Inquiry/Application Form

| | |
|-----------------------------|------------------|
| Program of Interest: | |
| Part Time Morning | Fall/Spring_____ |
| Part Time Evening | Fall_____ |
| Full Time | Fall/Spring_____ |

Please complete all questions. This form cannot be processed if questions are left unanswered. PLEASE PRINT OR TYPE.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Date of Birth (MM/DD/YY): _____ Age: _____

Social Security Number: _____

Are you a citizen of the U.S.? Yes _____ No _____

Preferred and/or Previously Held Names – Please list all preferred and/or previously held legal names, including those that would appear on school transcripts or other admissions documents:

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations) **or are there any pending charges against you?** Yes _____ No _____

If yes, please explain:

How did you find out about CNW School of Massage?



Education – You must have either completed high school, achieved a GED or the High School Equivalency (HSE) before enrolling at CNW School of Massage.

High School Name and State:

Dates Attended:

From: _____ To: _____ Date Graduated: _____

If not a High School Graduate, did you obtain a GED or the equivalent?

Yes ____ No ____

College/Vocational School Name and State:

Dates Attended: From: _____ To: _____ Degree Earned: _____

Did you receive Financial Aid? Yes ____ No ____

Medical Information – Describe any disability, physical condition, medical condition and/or psychological condition that may require special accommodations or inhibit your ability to perform massage or attend school:

Signature – I hereby state that the information provided in this application is truthful, and I understand that providing false information can result in dismissal from the program or denial of admission.

Applicant's Signature

Date

**CNSWMT offers equal opportunity for all individuals and does not discriminate based on age, race, ethnicity, gender, sexual orientation, religion, creed, disability or marital status.*



Application Check List

Congratulations on taking your next step towards enrollment! Here are the items we need in order complete your application:

- Personal Statement (based on the questions in this packet)
- Two Letters of Recommendation (use forms included in this packet)
- Government issued photo ID with date of birth and legal name
- Official High School Transcript, GED certificate or High School Equivalency (HSE) (High School transcript must be in a sealed envelope from a “bricks and mortar” school – no correspondence school or distance learning transcripts can be accepted)
- Documentation of having received one full-body massage within the last twelve months (Receipt or letter from therapist. Can be from the CNW Student Clinic)
- \$50 Application Fee (waived for Veterans)

Contact us at the number below with any questions you may have. We look forward to meeting with you!

Best Wishes,

CNWSMT Admissions Team



Personal Statement

Please answer each question:

1. How did you become interested in the field of massage therapy?
2. What are your career goals in massage therapy?
3. How do you learn best?
4. Do you have any learning disabilities or special needs?
5. An intensive program in massage therapy may bring personal issues to the surface. How do you practice self-care in your physical, emotional and spiritual life? Will you be able to continue this process of self-care while attending this program?
6. How do you plan to meet your tuition requirements and take care of yourself financially while you attend school? Please be specific.

Please return your personal statement to admissions at admissions@cnwsmt.com



RECOMMENDATION FORM

Applicant: Please complete the information requested below. References must be from persons who are not related to you and have known you for at least one year. Please return this form by mail, email, in person or by fax to 518-489-0522.

*Applicant Name: (Please Print) _____

The Family Education Rights and Privacy Act (USA) permits us to request, but not require, that you waive your right to inspect this evaluation. If you elect to waive your rights of access and review, please sign your name below.

Signature _____ Date: _____

To the Person Writing the Recommendation- Thank you for taking the time to complete this form. There are challenges, both personal and academic, that students face during this program. We look for candidates who can successfully meet these challenges both in school and as a professional. Please assess the applicant's qualifications and answer the following questions candidly. The student's application will not be complete until this recommendation form is received. ***Please note: If the applicant's signature does not appear above, the applicant has the right to review your evaluation under the Family Education Rights and Privacy Act.*

Please return this completed form by fax to 518-489-0522, email to admissions@cnwsmt.com or mail to: CNW School of Massage Therapy • Admissions Office • 14 Computer Drive West • Albany, New York 12205

Your Name: _____ Occupation: _____

Address: _____

Telephone: (____) ____ - ____ - ____ How long have you known the applicant? ____ Relationship to applicant: ____

What do you perceive to be the applicant's strengths, quality of intention and character with regard to pursuing a career in the healing arts?

Please discuss anything that you feel will interfere with the applicant's academic pursuits or ability to work as a massage therapist/healing arts practitioner?



Please rate the applicant on the following:

| | Excellent | Good | Average | Below Average | Unable to Assess |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Emotional maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to adapt to new situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to handle academic work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Desire to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perseverance in working toward personal goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability and reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- I recommend this applicant for acceptance
- I recommend this applicant with reservations
- I do not recommend this applicant

Additional Comments:

Please attach an additional page if you need more space for comments.

Signature: _____ Date: _____



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| Self-awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to handle academic work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Desire to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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