CENTER FOR NATURAL WELLNESS
SCHOOL OF MASSAGE THERAPY

Program of Interest:
Summer Start June_____
Full Time Fall/Spring_____

Admissions- Initial Inquiry/Application Form

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?

_____
_____