

COME LIVE THE LEARNING...

ASIS MASSAGE EDUCATION

701 SOUTH BROADWAY, CLARKDALE, ARIZONA 86324

THIS APPLICATION IS TO BE COMPLETED IN DETAIL, SIGNED BY THE APPLICANT (AND HER OR HIS PARENT/GUARDIAN IN THE EVENT THE APPLICANT IS A MINOR) AND RETURNED WITH A \$50.00 APPLICATION FEE TO THE ARIZONA SCHOOL OF INTEGRATIVE STUDIES.

DATE LAST NAME FIRST NAME MIDDLE NAME

PERMANENT MAILING ADDRESS: CITY, STATE, ZIP AREA CODE & TELEPHONE #

SOCIAL SECURITY # EMAIL ADDRESS BIRTH DATE

PROGRAM DESIRED: FALL PROGRAM SUMMER PROGRAM TEACHER'S TRAINING PROGRAM

IN CASE OF EMERGENCY, PLEASE CONTACT:

LAST NAME FIRST NAME RELATION TO STUDENT

STREET ADDRESS: CITY, STATE, ZIP AREA CODE & TELEPHONE #

HOW DID YOU HEAR ABOUT THIS SCHOOL?

REFERENCES - PLEASE LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF TWO PEOPLE UNRELATED TO YOU:

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

EDUCATION:

NAME OF HIGH SCHOOL

DATE GRADUATED

ADDRESS: CITY, STATE, ZIP

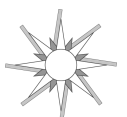
NAME RECORDED ON TRANSCRIPTS (IF DIFFERENT FROM APPLICATION)

NAME OF COLLEGE OR UNIVERSITY

FROM TO

DEGREE OR CERTIFICATION

NAME:



PLEASE LIST PREVIOUS EXPERIENCES OR TRAININGS IN MASSAGE THERAPY:

(LIST NAMES OF SCHOOLS AND /OR TRAININGS AND DATES ATTENDED)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

(IF YES, PLEASE GIVE DETAILS AND INCLUDE INFORMATION ABOUT CURRENT LITIGATION, IF ANY. Do NOT INCLUDE TRAFFIC VIOLATIONS OR MISDEMEANORS.

USE A SEPARATE SHEET OF PAPER IF NECESSARY.)

DO YOU HAVE ANY COMMUNICABLE DISEASES? YES _____ NO _____

(IF YES, PLEASE LIST)

ARE YOU CURRENTLY ON OR HAVE YOU BEEN ON ANY MEDICATIONS IN THE PAST TWO YEARS?

(IF YES, PLEASE LIST) YES _____ NO _____

ARE THERE ANY THINGS YOU WOULD LIKE US TO KNOW ABOUT YOUR MENTAL OR PHYSICAL

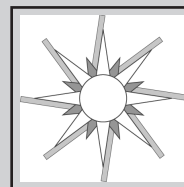
CONDITIONS WHILE YOU ARE IN MASSAGE SCHOOL? (USE A SEPARATE SHEET OF PAPER IF NECESSARY)

PLEASE INCLUDE THE FOLLOWING WHEN MAILING IN THIS APPLICATION:

*A BRIEF BIOGRAPHICAL SKETCH EXPLAINING YOUR MOTIVATION FOR TRAINING IN MASSAGE THERAPY AND YOUR PHILOSOPHY OF HEALTH CARE

*YOUR ACADEMIC TRANSCRIPTS

*A \$50.00 APPLICATION FEE MADE PAYABLE TO THE ARIZONA SCHOOL INTEGRATIVE STUDIES.



I HAVE READ THIS CATALOGUE AND COMPLETED THIS APPLICATION TO THE BEST OF MY KNOWLEDGE AND I STATE THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT. I AM ALSO AWARE OF THE SCHOOL'S POLICIES AS STATED IN THE CATALOGUE.

SIGNATURE _____

DATE _____

PLEASE DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED BY _____

DATE _____

ACCEPTED BY _____

DATE _____

COMMENTS: