

Admissions: 770.454.7167 Fax: 770.454.7367 1.888.ASM.Massage  
2 Dunwoody Park South. Atlanta, GA 30338

**Please print and answer all questions.**

Legal Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

Cell Phone:(\_\_\_\_)\_\_\_\_\_ Alternate Phone: (\_\_\_\_)\_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Which program are you interested in? Check one**

	Day (full-time)	Weekend /Evening (part-time)
Massage Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Esthetician	<input type="checkbox"/>	<input type="checkbox"/>
Personal Trainer	<input type="checkbox"/>	<input type="checkbox"/>

1. Highest Level of Education : (Circle one)

GED      Highschool      Some College      College Degree      Advanced Degree

2. Have you ever been convicted of a crime? Yes      No

\*Not disclosing a criminal record may prevent you from becoming licensed.

3. Do you intend to ask for transfer credit consideration? Yes      No

(Does not apply for Massage program)

Essay Questions:

1. Do you have previous experience in massage, skin care or personal training? If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What are your professional goals regarding massage therapy, skin care, personal training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. An intensive program in this field can bring many personal issues to the surface. Since the school does not provide counseling or psychotherapy, it is important that you begin to consider developing or maintaining a support system. In what ways do you currently find support for yourself and/or explore issues of personal growth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: : \_\_\_\_\_ Date \_\_\_\_\_

**Note: Misrepresentation of information may result in denial of admission or expulsion.**

**Applications remain active for 1 year after submission.**

**\*Application fee refundable if requested within 3 days of payment\***

Total Amount Enclosed \$ \_\_\_\_ Check  Money Order

Amount to be charged \$ \_\_\_\_ MC  Visa  Discover

Name on credit card \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_