

SOUTH DAKOTA SCHOOL OF



Attach
photo

Massage Therapy

Date _____ Inc.

Name _____
Last First Middle

Address _____
Street City State Zip

Phone (_____) _____ Age: _____ Gender: M F DOB: _____

Email Address: _____

Place of Birth _____
City State Country

Are you a U.S. citizen? Y N Marital Status: _____

Social Security Number _____

EDUCATION

High School _____ Graduation Date _____

College _____ Major _____ Minor _____

Graduation Date _____

Graduate Studies _____

Vocational School Training _____

EMPLOYMENT

Current Employer _____

Address _____

Position _____ Supervisor _____

Length of Employment _____

Other Employers within the last 3 years (if so, please use separate sheet of paper)

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Message Therapy

Inc.

Have you ever been convicted of a crime? **Y N** If yes, explain on separate sheet of paper.

How did you hear about the South Dakota School of Massage Therapy?

Please list 3 personal character references who are not related to you and have known you for at least 3 years. Please provide a letter of reference from each.

- 1) _____ () _____
Name Address Phone
- 2) _____ () _____
Name Address Phone
- 3) _____ () _____
Name Address Phone

MEDICAL INFORMATION

Do you have any medical problems that would hinder your SDSMT training? _____

Do you have, or have you ever had a contagious disease? _____

Do you have any physical problems or handicaps? _____

Do you have any medical problems or handicaps? _____

If yes, please explain on a separate sheet of paper.

How will your tuition be paid? _____

I am interested in the class session starting _____

FOR OFFICE USE ONLY	
Date received _____	Application fee received _____