



# CUMBERLAND INSTITUTE OF HOLISTIC THERAPIES

## APPLICATION FOR ADMISSION

OFFICE USE ONLY		
App Fee Received	Y	N
H.S. Verification	Y	N
College Transcript	Y	N
Transfer	Y	N
Interview Date	_____	
Acceptance Date	_____	
Student Track	<input type="checkbox"/>	QB <input type="checkbox"/>

Name \_\_\_\_\_ Application Date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_  
 Male  Female  Non-Binary  Other

Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 High School \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 College \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_  
 Vocational School \_\_\_\_\_ Major \_\_\_\_\_

Are you hoping to transfer credit?  Yes  No  
 Relationship Status:  Single  Divorced  Widow/er  Married  Significant Other

In Case of Emergency, please contact (Local contact preferred):

Local Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Other Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Are you a U.S. Citizen?  No  Yes Explain \_\_\_\_\_  
 Have you ever been convicted of a felony?  No  Yes Explain \_\_\_\_\_  
 Do you have any physical health problems?  No  Yes Explain \_\_\_\_\_  
 If yes, are you under care of a physician?  No  Yes Explain \_\_\_\_\_  
 Do you have any emotional health problems?  No  Yes Explain \_\_\_\_\_  
 Do you have any learning disabilities?  No  Yes Explain \_\_\_\_\_  
 Do you receive massage or bodywork?  No  Yes Regularly?  No  Yes  
 Will you be seeking professional certification?  No  Yes If no, Explain \_\_\_\_\_

Please state why you would like to attend Cumberland Institute: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you learn about Cumberland Institute?  Friend  Internet  Radio  Newspaper   
 Phone Book  Television  Trade Publication  Therapist Referral (please list name below)  
 Other \_\_\_\_\_

**CUMBERLAND INSTITUTE OF HOLISTIC THERAPIES  
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The preceding application information is true and correct to the best of my knowledge. I understand that I will be subject to an interview with the Academic Director prior to being accepted and admitted into the training program at Cumberland Institute. I have read and understand all institution policies as are stated in the course catalog and inserts and agree to abide by such policies while enrolled at Cumberland Institute. I understand that I am not obligated to register for any courses as the result of submission of this application. I also understand that within any given quarter of enrollment, I am only obligated for payment of those courses for which I am registered. I am enclosing the following with my Application for Admission (please check all that apply):

- Application Fee of \$100.00 (Required)
- Copy of High School Transcript or GED (Required)
- College Transcripts (Required only for credit transfers)
- DD Form 214 (Required for GI Bill Recipients only)

In connection with this application, I also understand that a consumer report may be requested which may contain public records information including, but not limited to, employment information, credit information, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records. I authorize without reservation, any party or agency contacted to furnish the above-mentioned information.

Please Print  
Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant  
Signature \_\_\_\_\_ SS# \_\_\_\_\_

Thank you for your application. You will be contacted within fourteen (14) days by the Academic Director and scheduled for an admission interview.

Applicants must be at least eighteen (18) years old to be eligible for admission to Cumberland Institute. Cumberland Institute does not discriminate for reasons of race, color, religion, gender, age, disability or national origin, yet reserves the right to refuse admission to any applicant whom we feel will not uphold the practical, physical or ethical standards of the massage, bodywork and somatic therapy professions.

Please submit application and documents to:

Cumberland Institute of Holistic Therapies, Inc.  
500 Wilson Pike Circle, Suite 121  
Brentwood, TN 37027