



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 _____

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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 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 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