

application for admission

Office Use Only	
App. Fee Recvd.	<input type="checkbox"/> Y <input type="checkbox"/> N
H.S. Verification	<input type="checkbox"/> Y <input type="checkbox"/> N
College Trans	<input type="checkbox"/> Y <input type="checkbox"/> N
Transfer	<input type="checkbox"/> Y <input type="checkbox"/> N
Interview Date	_____
Acceptance Date	_____
	<input type="checkbox"/> CAM <input type="checkbox"/> OB

Name \_\_\_\_\_ Date

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date    Social Security No.    Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

Relationship Status:  Single  Divorced  Widow/er  Married  Significant Other  Children

In case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes Explain \_\_\_\_\_

Do you have any physical health problems?  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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be seeking professional certification?  No  Yes

How did you learn about Cumberland Institute?  Nashville Scene  Therapist Referral

Friend  Phone Book  Radio  Television  Internet  Billboard  Trade Publication

Other \_\_\_\_\_

## application for admission, continued...

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 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 those that apply):

- Application Fee of \$100 (Required)
- Copy of High School Diploma 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.

Applicant Name \_\_\_\_\_ Date 

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Applicant Signature \_\_\_\_\_ S.S.# 

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**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 any reason, 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 profession.

Please submit application and documents to:

CUMBERLAND INSTITUTE  
500 WILSON PIKE CIRCLE, SUITE 121  
BRENTWOOD, TN 37027