



# Phoenix College Therapeutic Massage Application

Date \_\_\_\_\_

Fall Semester - Evening  
(August) Year \_\_\_\_\_

Spring Semester - Day  
(January) Year \_\_\_\_\_

Reapplication

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Name \_\_\_\_\_  
Last First Middle

Former name(s) (Maiden) that may identify transcripts \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_ (hm) \_\_\_\_\_ (wk)

Permanent Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_

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## Health Care/Work/Educational Experience

What is your current occupation? \_\_\_\_\_

Have you attended any other Therapeutic Massage Courses or Prerequisite Classes?

If yes, Name and location \_\_\_\_\_

Description of Classes \_\_\_\_\_  
**(Please submit transcripts for review)**

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Do you hold a certificate from any other Health Education School or College?

If yes, Name and location \_\_\_\_\_

Description of Classes \_\_\_\_\_

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**(Please submit transcripts for review)**

