



Application for Admission

Your First Step Towards A Career In Massage Therapy

Please submit this application with copies of both your photo ID, High School Diploma & the fee of \$60.00 to Admissions at:

Select Program applying for:

- 1000 Hr. Diploma (Semesters 1, 2,3)
- Associates Degree (Semesters 4, 5)
- Non-Diploma (additional coursework for State licensing)

Universal College of Healing Arts
 8702 North 30th Street
 Omaha, Nebraska 68112
 (402) 556-4456 Fax (402) 561-0635
www.ucha.com

Please PRINT your information in the boxes below:

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First Name

Middle Name

Last Name

Date of Birth:

Social Security #:

Home Address and Mailing Address:

Home Phone Number

Work Phone Number

Other Phone Number

E-mail:

Select one start date:

May 2012 Massage Diploma Program (Semesters 1, 2, 3).

September 2012 Massage Diploma Program (Semesters 1, 2, 3).

January 2013 Semesters 4 & 5 for Associates Degree.

May 2013 Diploma Program (Semesters 1, 2, 3).

Educational Background:

G.E.D.

High School Diploma

Date Received:

List High School/College/Other educational experiences, School, and/or Massage Training: _____

Employment History: (resume may serve in place of the following information)

- 1) Employer: _____ Job Title: _____
 Supervisor: _____ Date Employed: _____
 Address & Phone umber: _____
- 2) Employer: _____ Job Title: _____
 Supervisor: _____ Date Employed: _____
 Address & Phone Number: _____
- 3) Employer: _____ Job Title: _____
 Supervisor: _____ Date Employed: _____
 Address & Phone Number: _____
- 4) Employer: _____ Job Title: _____
 Supervisor: _____ Date Employed: _____
 Address & Phone Number: _____

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please explain: _____

Please feel free to include an attachment to complete the following questions if more space is needed:

1) Complete the following sentence "I am drawn to the Universal College of Healing Arts because? _____

2) Please help us understand why you are interested in becoming a Massage Therapist or a practitioner of the healing arts? _____

3) How did you hear about the Universal College of Healing Arts? _____

I hereby give permission for Universal College of Healing Arts to contact all of the references I supply to the College and I also give permission to release information relevant to my performance as a student or employee. I understand that Universal College of Healing Arts reserves the right to revise, supplement, rescind, amend, change or updates it's program as it seems appropriate.

Signature _____ Today's Date (mm/dd/yyyy) _____