

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 the Admissions at:

Select Program Applying For:
 1000 Hour Diploma (Only) (Please Check One)
 Associate Degree Program

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 #

--	--	--	--	--	--	--	--

Address:

--

Mailing Address

--

City

State

zip code

--

Home Phone Number

--

Work Phone Number

--

Other Phone Number

E-mail address:

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Select one start date and one schedule by checking off the circles below:

- | | | |
|---|---|--|
| <input type="radio"/> May 2010 Onsite | <input type="radio"/> Day Program (Fri.& Sat.) | <input type="radio"/> Night Program (Tue, Thu, & Sat.) |
| <input type="radio"/> May 2010 Online Blended Program | | |
| <input type="radio"/> September Onsite | <input type="radio"/> Day Program (Fri. & Sat.) | <input type="radio"/> Night Program (Tue,Thu&Sat) |
| <input type="radio"/> September 2010 Blended Program | | |
| <input type="radio"/> January 2010 Onsite | <input type="radio"/> Day Program (Fri.& Sat.) | <input type="radio"/> Night Program (Tue, Thu, & Sat.) |

Educational Background:

G.E.D. High School Diploma Date received:

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