

TCL Division of Health Sciences Program Application Checklist & Instructions Massage Therapy Program

Applicant Name: _____

Instructions

Initial and date each item below prior to submission. Schedule an appointment with a Health Sciences advisor to review and submit your completed checklist. You will receive a Health Sciences Massage Therapy Program application if checklist is complete and all required documents are in your Health Sciences folder. Completed applications must be accompanied by a receipt from the TCL cashier's office for the \$25 nonrefundable application fee.

Student initial
& date

	1. Official TCL admissions application on file. It is necessary to re-apply if you have not attended classes at TCL for >1 year.
	2. List ALL colleges attended: _____
	3. Verify that <u>official</u> transcripts from <u>high school</u> (or GED) and <u>all colleges</u> previously attended have been received by TCL. NOTE: It is the student's responsibility to follow up with Student Records for transfer of credits.
	4. Biophysical science course credits and mathematics course credits must be earned within five years of admission.
	5. Eligible to take BIO 112 prior to entry into the program. .
	6. Minimum TCL GPA of 2.25 or GPA of 2.25 from most recent college attended if no TCL GPA or minimum high school GPA of 2.50 if no college attended.
	7. Have you been accepted into the TCL Massage Therapy program in the past? Circle Yes or No
	8. Have you met face-to-face with a Health Sciences advisor within six months of application submission? Circle Yes or No
	9. I understand that if accepted into the program: <ul style="list-style-type: none"> a. I must attend the entire mandatory orientation and required activities on the date stated in my acceptance letter. b. I must maintain a TCL GPA of at least 2.25 to enter the program. c. I must have access to a computer, webcam, microphone and internet as some MTH courses have an online component. d. I must be able to attend clinical rotation at sites within a 60-mile radius of the Beaufort or New River campus. e. I will be required to complete a drug screen and background check. If I have concerns about findings that may be present on my background check, I must schedule a meeting with the Dean upon receiving my acceptance letter. f. I will be required to provide documentation of valid health insurance for the duration of the program. g. I will be responsible for paying the \$25 application fee.

Signature of applicant

Date

Given an application YES NO

Advisor signature

Date