## **Massage Therapy - Application Checklist**

## **Application Checklist** ☐ My official TCL admission application is on file Note - It is necessary to reapply if you have not attended classes at TCL for >1 year ☐ I have verified that official transcripts from high school (or GED) and all colleges previously attended have been received by TCL. Note - It is the student's responsibility to follow-up with Student Records for transfer of credits ☐ I am eligible to take BIO 112 ☐ If taken, my biophysical science course credits and mathematics course credits were completed within five years of admission ☐ I have met with my Health Sciences advisor or attended a Health Sciences Information Session within 6 months of application (Date \_\_\_\_\_) **Application Requirements** ☐ I have a cumulative TCL GPA of 2.25 or higher **or** a cumulative GPA of 2.25 or higher form my most recent college attended (if no TCL GPA). Note – If no college credits have been earned, minimum high school GPA of 2.50 is required. **Acknowledgements** I understand that if accepted into the program: ☐ I must attend the **entire mandatory orientation** and all required activities as stated in my acceptance ☐ I must maintain a TCL GPA of at least 2.25 to enter the program. ☐ I must have access to a computer, webcam, microphone, and internet as all MTH courses have an online component. ☐ I must be able to attend clinical rotations at sites within a 60—mile radius of the Beaufort or New River campus. ☐ I must be eligible and able to attend all clinical sites utilized by the Massage Therapy program. Clinical clearances are determined by the clinical facilities, not TCL. ☐ I will be required to complete a drug screen and background check. If I have concerns about results that may be present on my background check, I must schedule a meeting with the Dean of Health

There shall be no discrimination in any respect by the college against a student or applicant for admission as a student on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, gender, veteran status, pregnancy, childbirth or other categories protected by applicable law.

☐ I will be responsible for paying the \$25 application fee at the time of application.

☐ I will be required to provide documentation of valid health insurance for the duration of the program.

Sciences upon receiver my acceptance letter.