



## **INTERNATIONAL STUDENT APPLICATION FOR ADMISSION**

Please complete each section of this application. Any falsification is grounds for rejection or for cancellation of the enrollment agreement. This information is strictly confidential.

### **PLEASE ATTACH A COPY OF YOUR PASSPORT PHOTO**

Program of interest: \_\_\_ MASSAGE THERAPIST (MT) \_\_\_ HOLISTIC HEALTH PRACTITIONER (HHP)  
Location You Plan on Attending: \_\_\_ Escondido \_\_\_ Laguna Hills

### **APPLICATION STATUS**

- Applying from home country (outside the U.S.)  
 Applying from within the U.S., as a transfer student (from an intensive English program)\*  
 Applying from within the U.S., as a transfer student (from college or university)\*  F-1 Visa  M-1 Visa  
 Applying from within the U.S., need a change of visa status from \_\_\_ to M-1

\*Please also complete an International Student Transfer Eligibility Clearance Form

### **PERSONAL DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
ID#/CADL # \_\_\_\_\_ SSN \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Male [ ] Female [ ] Race or Ethnic origin \_\_\_\_\_

Permanent Address (in your home country) \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME CELL WORK

Current Address (if different) \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Name as you want it to appear on your Certificate \_\_\_\_\_

Marital Status:  Single  Married Spouse's Name \_\_\_\_\_

\* If married, will your dependent(s) be accompanying you to the U.S.? Yes  No

\* If yes, please complete the following:

Dependent 1:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Dependent 2:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Dependent 3:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Emergency Contact in Your Home Country:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Emergency Contact in the United States:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Financial Source (minimum of \$15,790 for Massage Therapy or \$30,970 for HHP applicants required)  
 Source:  Personal  Family  Sponsor  Scholarship Amount Available: \_\_\_\_\_  
 Name of Sponsor (if any): \_\_\_\_\_

First Name Last Name

\*Add 50% of living expenses amount for your spouse and 25% for each dependent accompanying you to the United States

\*Healing Hands School of Holistic Health retains the right to require advanced deposit from applicants in countries experiencing difficulties in foreign exchange

\*If funds are other than "Personal", you must include the Statement of Support form, completed and signed by sponsor.

**HOW DID YOU HEAR ABOUT HEALING HANDS?**

Internet \_\_\_\_\_ Other \_\_\_\_\_

**CURRENT EMPLOYMENT**

Are you currently employed? Yes \_\_\_ No \_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position \_\_\_\_\_ How Long \_\_\_\_\_

**EDUCATION AND TRAINING**

High School	City and State/Country	Year of Graduation	Degree or Level Completed
College	City and State/Country	Major/ Year of Graduation	Degree or Level Completed
Intensive English School	City and State/Country	Year/Date of Completion	Level Completed
Other Training	City and State/Country	Year/Date of Completion	Degree or Level Completed

TOEFL Score: \_\_\_\_\_ Test Date: \_\_\_\_\_  
 Native Language: \_\_\_\_\_ Other Languages (not English): \_\_\_\_\_

For Transfer Students Only (from an intensive English program or college/university in the U.S.):  
 SEVIS ID Number: \_\_\_\_\_  
 Please make sure to inform your current school of your intention to transfer to Healing Hands School of Holistic Health and ask the Designated School Official to complete the Transfer Eligibility Clearance form.

**REFERENCES (Please fill in all information, and use references you have known for at least three years.)**

Name	Mailing Address Street No.	City State Zip	Phone
Name	Mailing Address Street No.	City State Zip	Phone
Name	Mailing Address Street No.	City State Zip	Phone

**PROGRAMS**

Below or on a separate sheet of paper, explain your personal and professional goals and how they relate to your chosen field of study. Why are you choosing to attend this program?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What hours can you attend classes? \_\_\_\_\_ When can you begin your training? \_\_\_\_\_

**OTHER**

Do you have previous experience in the health care industry? Yes \_\_\_ No \_\_\_

If yes, please explain:

Do you have any physical health problems that may interfere with your ability to give or receive massages? Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime, including a DUI? Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

IF YOU HAVE HAD A CONVICTION, PLEASE CONTACT THE SCHOOL DIRECTOR FOR GUIDANCE. PLEASE BE ADVISED THAT A CRIMINAL BACKGROUND CHECK MAY BE REQUIRED FOR LICENSURE IN SOME CITIES, COUNTIES AND STATES. CONTACT THE CITY AND COUNTY WITHIN WHICH YOU WISH TO WORK TO OBTAIN COMPLETE LICENSURE REQUIREMENTS.

**SPECIAL ACCOMMODATIONS**

Students with special needs due to disability should advise the school prior to enrollment to assure that reasonable accommodations can be made to facilitate training. Please describe your needs:

\_\_\_\_\_

\_\_\_\_\_

Healing Hands School of Holistic Health reserves the right to deny admission to any applicant who does not demonstrate the ability to benefit from the training program. As a condition of enrollment in any program at Healing Hands, the applicant must be able to give and receive a massage.

**SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge. I also state that I have read and agree to abide by the policies stated in the School catalog. If accepted, I agree to uphold the ethical standards required of the profession for which I am being trained.

\* By signing this form I attest that I am physically and emotionally able to give and receive massage.

\* I can read and write basic English (8th grade Level)

Applicant's Name: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian: (If applicant is under the age of 18)

Healing Hands School of Holistic Health does not discriminate on the basis of Race, Color, National Origin, Sex, Handicap or Age in employment, admissions or any of its educational programs or activities. As a condition of enrollment, in any program at Healing Hands, students must be able to give and receive a massage. Healing Hands School of Holistic Health reserves the right to contact any or all of the individuals listed on this form.