

2009-2010

STUDENT APPLICATION  
for Consortium Agreement  
Fall 2009 through Winter 2010

<p><b>Registration Term/Year</b></p> <p><input type="checkbox"/> Fall 2009-10 (Sept.-Jan.)</p> <p><input type="checkbox"/> Winter 2010 (Feb.-June)</p>	<p>Monroe County Community College  <b>Lifelong Learning Registration Form</b>          Corporate and Community Services Division          1555 South Raisinville Road • Monroe, Michigan 48161</p> <p>Office (734) 384-4127 • Fax (734) 384-4190</p> <p>• ONE FORM PER PERSON •</p>	 <p>MONROE COUNTY COMMUNITY COLLEGE</p> <p>enriching lives</p>
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Application for Enrollment/Agreement Form  
**Massage Therapy Certification Program**

**Eligibility Requirements and necessary forms needed to enroll:**

- The following items MUST be included when returning this application:**
1. Must be at least 17 years of age on or before the first day of class.
  2. **Completed** Student Agreement Form (**initialed** and **signed**)
  3. **Non-refundable** \$25.00 Registration Fee **made payable to: MCCC**
  4. List two references from non-relatives (an employer & an acquaintance)
  5. Copy of your high school diploma or high school transcript showing graduation date, GED or college transcript showing at least 60 semester credit hours.
  6. **Brief Personal Biography written** describing your personal motivation for choosing to study massage therapy, your philosophy on health, illness, and wellness and how it relates to massage therapy, and anything else you would like to tell about yourself. (Minimum of 500 words)

Social Security Number \_\_\_\_\_ -OR- Student ID Number \_\_\_\_\_

Name of Applicant (Full Legal Name):

LAST \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residency Status:  Monroe County  Out of Monroe County  Out of State

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender (check one): Female \_\_\_\_ Male \_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Yes, please sign me up to receive e-mail announcements on new Lifelong Learning classes, as well as for an early preview of the schedule each semester.

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Educational Background: Circle Highest Level of Education Completed:**

HS Graduate   GED   Post Secondary   Associate Degree   Bachelor Degree   Master Degree   Doctoral Degree

Name of High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Year Graduated \_\_\_\_\_ if obtained GED, Year Obtained: \_\_\_\_\_

Name Used While Attending \_\_\_\_\_

Name of College(s)

Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ Degrees Obtained \_\_\_\_\_

Name on Transcript \_\_\_\_\_

**Character References: List two (1-Employer (current or past); 1-Other than Family or Non-relative)**

1. Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Length of employment: \_\_\_\_\_

2. Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**Please answer the following questions:**

1. Have you ever been convicted of a felony or arrested for any sexual offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details and include information about litigation, if any. Do not include traffic violations or misdemeanors. (Use separate sheet of paper if necessary).

2. Do you have any condition (either medical, physical, or psychological) which prevents you from either giving or receiving massage or would require you to have special adaptations while giving or receiving massage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

3. Do you have, or have you had in the past two years, any communicable diseases?

Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

4. Have you ever received a professional massage before? Yes \_\_\_ No \_\_\_

If yes, date of last massage: \_\_\_\_\_ Style received, if known: \_\_\_\_\_

Course Number	Class Title	Time	Start Date	Location	Tuition	Fee*
<b>Total Due</b>						
<b>*Fee included in Tuition</b>						

\*MCCC provides a Senior Citizen Scholarship to Monroe County residents 60 years or older. Please confirm the fee(s) you may be responsible for before submitting this form.

		FOR OFFICE USE ONLY
<b>Tuition &amp; Fees</b>	<b>Method of Payment</b>	
\$ _____	Cash, Check, or Money Order (payable to MCCC)	Origin of Registration
\$ _____	Visa, Mastercard, or Discover	<input type="checkbox"/> Phone-in
	Card # _____ Exp. Date _____	<input type="checkbox"/> Walk-in
\$ _____	Company Authorized Billing:	<input type="checkbox"/> Mail-in
\$ _____	Wavier # _____ Company _____	<input type="checkbox"/> Fax-in
\$ _____	MCCC Employee Tuition	
\$ _____	Senior Citizen Scholarship	
\$ _____	<b>TOTAL TUITION &amp; FEES PAID</b>	Rcvd. By _____
		Date _____

**Please read this policy and if you do not understand it, please ask to see a Director.**

***Refund Policy for Early Cancellation, Withdrawal, and Termination/Dismissal***

The tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the college before enrollment. An application fee of not more than \$25.00 may be retained by the college if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within 3 business days after signing a contract with the college. All refunds shall be returned within 30 days. Once the 3 business days have elapsed the following policies will apply:

1. All payments remitted to the college, except for the application fee, shall be refunded to you, the student, if you are found to be ineligible to attend the program; however, if you choose to withdraw prior to the beginning of classes both the application & registration fee are forfeited, and no refund will be given.
2. If you, the student, cancel or withdraw more than (5) calendar days after enrollment but prior to the start of the program, you shall be entitled to a full refund, less any non-refundable fees. You will receive the refund within 30 days of cancellation, in writing.
3. If you, the student, enrolls and then withdraws, discontinues, or are dismissed after the program has begun but prior to the completion of the program, the following refunds apply. Please take note that notification of withdrawal and requests for refunds MUST be in writing, and the date the institute receives the written notification is the date used as the dis-enrollment date. If a student is dismissed by the institute, the day of dismissal will be the dis-enrollment date. The tuition will be pro-rated based upon the number of weeks attended.
  - For a student withdrawing from or discontinuing the program during the first (5) calendar days of the program, the tuition charges refunded by MCCC shall be 75% of the tuition.
  - For a student withdrawing from or discontinuing the program after the first (5) calendar days, but within 25% completion of the program, the tuition charges refunded by MCCC shall be 50% of the total tuition.
  - For a student withdrawing or discontinuing after 25% completion of the program but within 50% of the program, the tuition charges refunded by MCCC shall be 25% of the total tuition.
  - For a student withdrawing from or discontinuing the program after 50% completion of the program, the student is entitled to no refund.
4. Official Withdrawal Date is considered to be the last recorded date of attendance, or simply the date the written notice is received by the School Administrator at MMISM.
5. Refunds are issued within 30 days through the business office of the Monroe County Community College.

**I, the applicant, have read to the terms stated in the Refund Policy for Early Cancellation, Withdrawal, and Termination/Dismissal. I, the applicant, have completed this application in its entirety to the best of my knowledge, and I attest to the fact that all of the information that I have given is correct and true. I understand that submission of this completed application to the Monroe County Community College does not automatically guarantee my acceptance into the program.**

**Applicant (Print Name):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Administration/ Registration Information:

## MAIN CAMPUS/Administration & Registration Office:

### Monroe County Community College Lifelong Learning Registration

Corporate and Community Services Division  
1555 South Raisinville Road  
Monroe, Michigan 48161  
Office (734) 242-7300 ext. 4127  
Fax (734) 384-4190

- OR -

### Whitman Center

7777 Lewis Avenue  
Temperance, Michigan 48182  
Office (734) 847-0559  
Fax (734) 847-4107

For course information: [www.monroecc.edu](http://www.monroecc.edu)

### Off-site Campus/Instructional Location:

#### MEDICAL MASSAGE INSTITUTE OF SOUTHEAST MICHIGAN

14989 South Dixie Highway  
Monroe, Michigan 48161  
Office (734) 243-4551  
Fax (734) 243-1663

For program information: [www.medicalmassageinstitute.com](http://www.medicalmassageinstitute.com)

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