



**APPLICATION FOR ADMISSION**

**26061 Franklin Road Southfield, Michigan 48033  
PHONE 248-350-1400 FAX 248-350-8068**

Please submit this application and a \$25.00 non-refundable registration fee. Print or type all information on this form in its entirety. Your application will be reviewed and you will be contacted for an entrance interview. Upon acceptance, an enrollment agreement must be completed at the school. Text books must be purchased prior to the first day of class.

NAME \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

ADDRESS \_\_\_\_\_  
STREET / APT# CITY STATE ZIP

NAME YOU PREFER TO BE CALLED \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

SOC SEC # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PH# \_\_\_\_\_ CELL PH# \_\_\_\_\_ WORK PH# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_

ARE YOU A HIGH SCHOOL GRADUATE OR EQUIVALENT? YES \_\_\_\_\_ NAME OF SCHOOL / GED \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_  
NAME RELATIONSHIP TO YOU

PREFERRED PROGRAM \_\_\_\_\_ 1 YEAR (Full Time) \_\_\_\_\_ 2 YEAR (Part Time)

PREFERRED SCHOOL TERM \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_ FALL

PREFERRED SCHOOL SCHEDULE \_\_\_\_\_ DAYTIME \_\_\_\_\_ EVENING

PREFERRED TUITION PAYMENT \_\_\_\_\_ PREPAID \_\_\_\_\_ PAYMENT PLAN \_\_\_\_\_ FINANCIAL AID

How long have you considered becoming a massage therapist? \_\_\_\_\_

Approximately how many informal massages have you given to friends and family? \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violation)? YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, please explain* \_\_\_\_\_

A prior conviction may result in denial of State Licensing as a massage therapist.

I fully understand that I cannot work in the adult entertainment industry while attending Irene's. I have no intention of using the training I receive at Irene's to obtain employment in the adult entertainment industry in the future. Initials \_\_\_\_\_

The following section is optional. The information in the section is used for federal reporting. Irene's Myomassology Institute is an equal opportunity educational facility and does not discriminate against applicants based on this or any other information.

**ETHNICITY** \_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Biracial/Multiracial  
\_\_\_\_\_ American Indian \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

**CITIZENSHIP** \_\_\_\_\_ United States \_\_\_\_\_ Other \_\_\_\_\_

**HIGHEST LEVEL OF EDUCATION** \_\_\_\_\_ High School Completion or Equivalent \_\_\_\_\_ Bachelor's Degree (4 Year)  
\_\_\_\_\_ Some college/vocational education \_\_\_\_\_ Master's/Doctorate Degree \_\_\_\_\_ Associate's Degree (2 Year)

**ANSWER EACH OF THE FOLLOWING QUESTIONS WITH A MINIMUM OF THREE TO FIVE COMPLETE SENTENCES.**

Why are you interested in this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you intend to use your training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What characteristics do you possess that you believe will be useful as a massage therapist? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Refund Policy**

If an applicant is not accepted by the school, all monies will be refunded. If a program is canceled subsequent to a student's enrollment, the institution will refund all monies paid by the student. If, after signing a contract, an applicant requests a refund within three business days all tuition and fees paid by the applicant shall be refunded. After three days, the following refund policy applies. The registration fee is non-refundable. If a student does not begin training, it will result in a full refund less the \$25.00 registration fee. If a student withdraws or is dismissed from school after the first week of class through the fourth week of the program, it will result in a refund for all tuition less the \$25.00 registration fee. A \$10.00 administrative fee is charged for canceling or changing any elective class. Withdrawal or dismissal after the fourth week of school, but prior to 60% completion of the program, will result in a pro-rated refund calculated from the portion of tuition used, plus 10% of the unearned tuition for the period of training not completed. The 10% of unearned tuition will not exceed \$1,000.00. Students who withdraw or are dismissed after completing 60% of the projected completion of their program will receive no refund. Students who withdraw or are dismissed after completing 60% of the projected completion of their program will be obligated to pay the total contract price of the program and any applicable handling fees. The date of withdrawal or dismissal is set at the last date of actual attendance by the student. The total number of core classes, elective hours scheduled and required clinic hours will be used to calculate the percentage of the program completed. Refund calculations for all students whether receiving financial assistance or self-paid will include applicable handling fees. Unless the student pays the entire tuition, it is possible that the student will not receive a refund and may owe a balance to Irene's if withdrawal or dismissal occurs before completion. Any money due the student will be refunded within 30 days after withdrawal or dismissal. If the course is canceled before the session is completed, a refund agreement will be made for unearned tuition. Otherwise, an alternate session will be scheduled.

**I hereby certify that to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient cause for rejection or dismissal. I authorize Irene's to make appropriate inquiries, when necessary, to certify the accuracy of my records.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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| <p><b>If you plan to charge your registration fee to a credit card, please complete the following information:</b></p> <p>Visa / Mastercard# _____ / _____ / _____ / _____      Expiration Date _____</p> |
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