



NOVA TRAINING CENTER
THERAPEUTIC MASSAGE SCHOOL

APPLICATION FOR ADMISSION

INTERNATIONAL STUDENT

OFFICE USE ONLY

Expected Entry Date

School Rep. Initial

Student education records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. Written student consent is required for access and release of information defined as educational records in federal and state law. A student's directory information (name, address, telephone number, date and place of birth, program of study, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and most recent education institution attended) may be released upon request unless the Admissions and records office receives written notification that a student reserves the right to authorize in writing, on an individual request basis, the access and release of the directory information. The school does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability.

PERSONAL INFORMATION

Last (Family) Name

First Name

Middle Name

Date of Birth (mm/dd/yyyy)

Gender

E-mail Address

Female Male

Permanent Address

Street

City

Province / Territory

Country

Zip Code

Current Mailing Address

Street

City

State

Zip Code

Phone Number

Citizenship

Ethnic Origin

Country of Citizenship: _____
Place of Birth: _____, _____
City Country

- Black or African American
- Asian or Pacific Islander
- American Indian or Alaska Native
- Hispanic/Latino
- White, Non-Hispanic Other

PROGRAM PLAN

Ugo gungt
Start

- January February March April May June
- July August September October November December

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- Therapeutic Massage
[600 Hours Therapeutic Massage Certificate]

EDUCATIONAL HISTORY

Primary Language: English Other: _____

I have taken the following examinations: TOEFL TOEIC GED Wonderlic

High school Information: High School (graduated or currently enrolled)
 Home School
 GED

High school, colleges, and universities information (List the most recent first)

Name of the Institution	City, State / Country	Dates Attended (mm/yyyy - mm/yyyy)	Degree Earned

FAMILY INFORMATION FOR F2 / M2 VISA APPLICANTS

Name		Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth (City, Country)	Gender
Last (Family) Name	First Name				
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male

I, _____, hereby state that by signing this form, I acknowledge and agree as follows:

This application must be completed, signed, and submitted to the NOVA Training Center Admissions Office.

I certify that all entries on this application are complete and accurate to the best of my knowledge.
 I understand that falsifying any information on this application could result in dismissal from the NOVA Training Center.

Signature: _____

Date: _____