

Program Approval Form

Please return this completed form with supporting documentation attached to the Therapeutic Massage Program, Health and Human Services Bldg., Room 108 or mail to: Lansing Community College, Health and Human Services Building, c/o Therapeutic Massage Program, 515 N. Washington Sq., Suite 108, Lansing, MI 48933

- Have applied to Lansing Community College, received student number and have both reading and writing placement levels assigned. Required minimum reading level = 5 and writing level = 6.
- Must be a minimum of 18 years of age. (Attach a copy of current driver's license, Michigan ID, or birth certificate)
- Proof of high school graduation (attach a copy of: high school diploma or, high school transcript or GED with score of 35 or higher or, home school certificate or, college transcript showing 60+ credits or, LCC Level 3-Arithmetic-Student Assessment Math Test Result Sheet)

Program Choice (check one): **Day Cohort** (begins in the Fall) **Evening Cohort** (begins in the Spring)

Personal Information – Please PRINT

Name: _____ BANNER Student #: _____ Date of Birth (mm/dd/yyyy) _____

Please list any other name or alias by which you have ever been know, including maiden name, if applicable:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Day) _____ (Evening) _____

Email address: _____

Emergency Contact

Name: _____ Telephone: _____

I request program approval to begin coursework in the Therapeutic Massage Program based on the above criteria.

Applicant Signature: _____ **Date:** _____

Therapeutic Massage is my: **Career Goal** _____ **Personal Interest** _____ **Other** (Please explain below)

How did you hear about this program? (Examples: LCC webpage, counseling, flyer, outreach event, friend or other)

Approved students are required to attend a one-hour Orientation before they can register for courses. Check with the HHS Division Main office at (517) 483-1410 for orientation dates and times.

For Program Use Only

Application received date: _____ by: _____ Reading Level: ____ Writing Level: ____ Cohort Admitted to: _____

ID _____ HS/GED/ASMT ____ CB✓ ____ Seat # _____ Date Orientation attended: _____

Student Notification Dates and method:

Date SOATEST entered: _____ by: _____