

MASSAGE THERAPY TRAINING INSTITUTE

2701 West Picacho Ave., Suite 4, Las Cruces, NM 88007

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ADMISSION APPLICATION

Program Start Date:	Program End Date:
Day Class (Monday – Friday 8am - 1:15pm) 24 weeks / 6 months	
Evening Class (Monday – Friday 5:30pm - 10:45pm) 24 weeks / 6 months	
Weekend Class (Saturday & Sunday 8am – 7:00pm) 32 weekends / 12 months	

APPLICANT	FAMILY MEMBER
First Name:	First Name:
Last Name:	Last Name:
Middle Initial/Name:	Middle Initial/Name:
Mailing Address (1)	Mailing Address (1)
Physical Address (2)	Physical Address (2)
City:	City:
State:	State:
Zip Code:	Zip Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Cell):	Phone (Cell):
Date of Birth:	Date of Birth:
Social Security Number:	Social Security Number:
Drivers License Number:	Drivers License Number:
E-Mail Address:	E-Mail Address:

By signing this Admission Application you certify that you have read carefully, understand and have been provided a complete copy of this and any attachments referenced in the admission application and/or admission supplements. In connection with my application to MTTI, I understand that a consumer report that may contain public records information is being requested.

Student Signature:	Relationship to Family Member:
Date:	
Student Print Name:	

MTTI administrative use only: Students Initial receiving copies below

Copy to student	MTTI Accepted by:
Copy SS card	Date:
Copy drivers license	Notes:
Copy high school diploma/GED	