

Part I

Application for Admission

Rochester Campus
 302 N. Goodman Street
 Suite 200
 Rochester, NY 14607
 Ph. (585) 241-0070
 Fax (585) 241-0117



www.ostm.edu

Syracuse Campus
 719 East Genesee Street
 Syracuse, NY 13210
 Ph. (315) 424-1159
 Fax (315) 424-0796

Name **Birth Date**
Last, First, M.I. Previous/Maiden Name

Street Address

City, State, Zip **NYS County**

Cell Phone **Home Phone**

SS# **Email**

Ethnicity White, non-Hispanic Black, non-Hispanic Hispanic Native American/Eskimo
 Asian/Pacific Islander Mixed Ethnicity Unspecified Other

Gender Male Female **Marital Status** Single Married

Are you a citizen of the United States? Yes No
 If not, are you an alien lawfully admitted for permanent residence in the United States? Yes No
 Type of Visa?

Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, please explain.

In case of emergency, contact:

Name Relation to you Phone

I am applying* for the following program:
 6 Months (Day) 12 Months (Day) 15 Months (Evening) 15 month (Day)

*Completed applications and tuition are due thirty (30) days prior to the start of the program. A completed application submitted after the deadline may be accepted only at the discretion of the Executive Director.

Do you have any physical limitations that would prevent you from participating in the program or working as a massage therapist?

- Yes No

If yes, please explain:

OSTM provides accommodations in the classroom for students who qualify. Please check **YES** or **NO** if you would like more information about applying for accommodations by meeting with the Campus Director.

- Yes No

How did you learn of the Onondaga School of Therapeutic Massage?

Student Confidentiality under FERPA – Federal Education Rights and Privacy Act

Long-standing federal law (FERPA) limits the authority of Onondaga School of Therapeutic Massage (OSTM) to release information pertaining to students. For that reason, we **may not** release or discuss student financial or educational records (e.g., financial aid, billing, class schedules, academic and disciplinary records, grades, etc.) to third parties (including parents or guardians) **unless** the student supplies written consent.

Please indicate if there is someone with whom you would like OSTM to be able to discuss your application, financial aid, and subsequent student information. (Permission may be rescinded in writing at a later date.)

- Yes, I give permission for OSTM to discuss my application and student information with the following person(s):
 No. I do not give permission for OSTM to discuss my application and student information with anyone.

Name	Relation to you	Phone

Name	Relation to you	Phone