

# 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:**  
 Full-time Day (6 months)  Part-time Day (12 months)  Part-time Evening (15 months)

\*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.

## Health Information

Do you have any physical conditions that could inhibit your ability to perform the physically challenging work of massage

Yes  No

If yes, please explain:

Do you have any diagnosed or suspected disability (e.g. learning disability, attention deficit disorder, dyslexia, etc.)?

Yes  No

If yes, please explain:

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 (Permission may be rescinded in writing at a later date.)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