

## APPLICATION for ADMISSION

There are 2 parts to this application:

- Personal, academic and professional history. Please type or print clearly all information on this form.
- 2 essay questions. This is a very important part of the application process. Please provide your responses on separate pages and submit them along with your application. The essay topics are attached to the bottom of this application.

Instructions for completing the application process are included in the application packet. Please make sure you have included all of the required documents. Once we have received all parts of the application and they have been reviewed by the Admissions Committee, you will promptly be informed of your status by letter and/or phone.

Note: This application is for admission to CSIMT. **Completion of this form does NOT register you for courses. In order to register for individual courses, you must contact CSIMT (304-914-4772).**

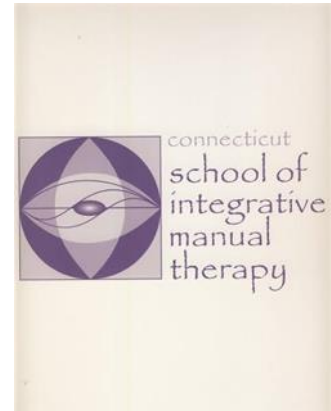
Please note: Official transcripts must be sent directly by the institution/person making the recommendations to the Admission's Office. Your file will not be complete until all items have been received.

Mail to:

**CSIMT  
Admissions Office  
3185 Wylie Ridge Road  
Weirton, WV 26062**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Maiden Name, or other name as it might appear on an official record:  
\_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_



**ACADEMIC INFORMATION:**

High School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of graduation or GED: \_\_\_\_\_

List all colleges and universities attended:  
(Official transcripts are required from those institutions which the student wishes to receive academic credit)

Name	City and State	Dates Attended	Degree Earned

Other education, if related (continuing education, correspondence courses, vocational training, seminars, workshops, etc.). Attach a separate sheet or Curriculum Vitae if necessary.

Course or Subject	Hours of Instruction	Credits Earned	Dates

If you wish, list other experiences: (i.e. independent study, military, career experiences, etc.) below or on a separate sheet. Note: These experiences can be reviewed for possible credit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL INFORMATION** (Provide below or attach Resume/C.V.)

Current Employment: \_\_\_\_\_

Name and address of organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Description of duties & responsibilities: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Name and address of organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Description of duties & responsibilities: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR CSIMT PROGRAM?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that once my application materials have been submitted, they cannot be returned. I also acknowledge that the **\$100 application** fee is non-refundable. I declare that all material presented in this application is my own work, or fully and specifically acknowledge wherever adapted from other sources. I understand that if at any time it is shown that I have significantly misrepresented material, any credits or diplomas awarded to me on the basis of that material may be revoked.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This program does not discriminate in its admissions process on the basis of age, race, color, sex, sexual orientation, religion, or national origin.

Office Use Only: Date Received: \_\_\_\_\_

**Mail checks to:**

**CSIMT  
Admission Office  
3185 Wylie Ridge Road  
Weirton WV 26062**

**Or fill out credit/debit card data below, sign and mail or email to [SusieB.IMT@gmail.com](mailto:SusieB.IMT@gmail.com)**

I HEREBY GIVE PERMISSION TO CHARGE THE FOLLOWING CREDIT /DEBIT CARD

TYPE OF CARD \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

V- CODE \_\_\_\_\_

(LAST THREE NUMBERS ON THE BACK OF THE CARD. ON AMERICAN EXPRESS THE NUMBER WILL BE FOUR NUMBERS ABOVE THE CARD NUMBER)

ADDRESS THE CREDIT CARD COMPANY SENDS THE BILL TO:

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

SIGNATURE OF THE CARD HOLDER \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_

## **ESSAY QUESTIONS FOR APPLICATION**

Type your responses and attach to the Application for Admission.

1. Describe your personal, professional, and educational history and how these relate to your desire to pursue/continue a career in Integrative Manual Therapy. (It is not sufficient to attach a resume for this essay).
2. Describe your goals currently, (for example areas of special interest, career plans) and how this program would assist you in accomplishing your career/life objectives.