



Connecticut
School of
Integrative
Manual
Therapy

CSIMT

12 North Main Street, Suite #30

West Hartford, CT 06107

304-914-4772/CTSchoolof.IMT@gmail.com

APPLICATION for ADMISSION

Please type or print clearly all information on this form.

There are 5 parts to this application:

- Personal Information
- Academic History - transcripts are required if requesting credit for academic coursework previously completed
- Professional Experience
- Two Essay Questions
- One letter of recommendation

Please make sure you have included all of the required documents. Your file will not be complete until all items have been received. Once we have received your completed application along with the Application Fee of \$100, it will be reviewed by the Admissions Committee, and you will be informed of your status by letter, email, and/or telephone.

If you are including official transcripts, they must be sent by the institution from which you requested directly to the CT School of IMT Admissions Office. A Transcript Request Form has been included in this packet.

This application is for admission to the CT School of IMT. Once you are accepted into the IMT Program, you may register for classes. An Enrollment Agreement has been included with your Application packet and should be completed and returned when registering for your first class. You will receive information about the registration process with your acceptance letter through email or you may contact the CT School of IMT at 304-914-4772 or CTSchoolof.IMT@gmail.com.

***Send completed application materials to the address below or email to CTSchoolof.IMT@gmail.com
If emailing materials, a secure payment link for the \$100 application fee can be provided***

CSIMT

Admissions Office

12 N. Main Street, Suite 30

West Hartford, CT 06107

PERSONAL INFORMATION

Name _____ Date of Birth _____

Maiden name or other name as it might appear on an official record _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

ACADEMIC HISTORY

High School Name _____ Graduation Date/or GED _____

School Address _____

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 such as independent study, military, career experiences, etc. below or on a separate sheet. These experiences can be reviewed for possible credit.

PROFESSIONAL EXPERIENCE

Please provide information below or attach Resume/C.V.

Current Employment _____

Name/Address of Organization _____

Job Title _____ Dates of Employment _____

Description of duties and responsibilities _____

Previous Employment _____

Name/Address of Organization _____

Job Title _____ Dates of Employment _____

Description of duties and responsibilities _____

How did you hear about the CT School of IMT program in Integrative Manual Therapy?

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 acknowledged wherever adapted from other sources. I understand if at any time it is shown that I have significantly misrepresented any material, that any credits or diplomas awarded to me on the basis of that material may be revoked.

Applicant's Signature _____ Date _____

The CT School of IMT does not discriminate in its admissions process on the basis of age, race, color, gender, sexual orientation, religion or national origin

Office use only: Date Received _____

Application Fee (\$100): Please mail a check or money order to the address below or call 304-914-4772 to pay by credit card. A secure payment link can be sent to you through email if requested by emailing the school at CTSchoolof.IMT@gmail.com.

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ESSAY QUESTIONS FOR APPLICATION

1. Describe your personal, professional and educational history and *how these relate to your desire to pursue a career* in Integrative Manual Therapy.

2. Describe your goals currently (for example areas of special interest/career plans) and how this program would assist you in accomplishing your career and life objectives.