



FIVE BRANCHES UNIVERSITY EXTENSION

SANTA CRUZ CAMPUS
200 SEVENTH AVENUE
SANTA CRUZ, CA 95062, USA
P: (831) 476-9424 F: (831) 476-8928

SAN JOSE CAMPUS
1885 LUNDY AVE, SUITE 108
SAN JOSE, CA 95131, USA
P: (408) 260-0208 F: (408) 261-3166

APPLICATION FOR ADMISSION

CAMPUS (choose one): SANTA CRUZ SAN JOSE

Name (Last, First, Middle Initial): _____

Current Address – Street: _____

City: _____ State: _____ Zip: _____

Permanent Address (if different) – Street: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Education (attach additional pages as necessary):

High School: _____ Diploma or GED: Yes No

Address: _____ Dates attended: _____

College/University: _____ Degrees: _____

Address: _____ Dates attended: _____

In Case of Emergency, Notify:

Name (Last, First, Middle Initial): _____ Relationship: _____

Present Address – Street: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell: _____

I am applying for:

- 500 Hour Massage and Bodywork Program
- 225 Acupressure & Tui Na Bodywork Therapy Program
* separately from 500-hour Massage Program (SJ only)
- Medical Qi Gong Program
- Other _____

APPLICATION CHECKLIST

WITH THIS APPLICATION AND A \$25 APPLICATION FEE, PLEASE SUBMIT:

- A TYPEWRITTEN ONE-PAGE (OR LESS) STATEMENT OF PURPOSE:**
TELL US ABOUT YOURSELF, YOUR BACKGROUND AND HOW YOU BECAME INTERESTED IN MASSAGE, BODYWORK AND THE HEALING ARTS. ALSO, WHAT PLANS DO YOU HAVE FOR AFTER YOU COMPLETE THE PROGRAM?
- YOUR RESUME**
- ONE RECENT PHOTOGRAPH (PASSPORT STYLE)**
- HIGH SCHOOL DIPLOMA, GED, OR HIGHER EDUCATION DEGREE (I.E. AA OR BA) AND ANY TRANSCRIPTS OF RELEVANT COURSEWORK**
- ONE LETTER OF RECOMMENDATION**

Attach Photo Here
(Passport Style)

I hereby certify that all of the information provided in my application is accurate and true, and that I am the author of the attached Statement of Purpose.

Applicant's Signature: _____ Date: _____

Please submit: this form, the checklist items and a \$25 check/money order payable to: "Five Branches University" by mail or in person to the Extension Program at one of our campus addresses above.