

APPLICATION FOR ADMISSION

Return Application to:
Lourdes Institute of Wholistic Studies
1600 Haddon Avenue, Camden, NJ 08103
Phone Number: 856-580-6444 Fax: 856-580-6448

Last Name _____ First Name _____ Middle Initial _____
Previous Legal Name (if applicable) _____ Date of Birth _____ SS # _____
Address _____ City _____ State _____ Zip _____
Phone (Home) _____ (Cell) _____ E-mail _____
Emergency Contact _____ Phone _____ Semester _____

Options in Partnership with Camden County College:

- Associates Degree in Applied Science in Massage Therapy Massage Therapy Certificate of Achievement

Lourdes Institute Certifications/Continuing Education:

- Wholistic Massage Practitioner Certificate Wholistic Yoga Teacher Training (200 Hours) Herbal Medicine Certificate
 Reflexology Wholistic Yoga Teacher Training (300 Hours) Aromatherapy Certificate
 Continuing Education Class of Choice (if applicable) _____

1. What level of Education have you completed? (If post-secondary, indicate degree(s) earned & where)

2. Do you have any prior experience in Massage, Bodywork, Yoga, Aromatherapy, or Herbal Medicine? Yes No (if yes, please explain)

3. Do you have any medical/ learning special needs ? Yes No (If yes, please explain)

4. Have you ever been convicted of a crime, other than a minor traffic violation? Yes No (If yes, please explain)

5. Have you ever attended Lourdes Institute of Wholistic Studies? (If yes, please state the year you attended)

6. How did you learn of Lourdes Institute of Wholistic Studies?

Essay and Application Fee

~Submit a one-page essay explaining your view of Wholistic Health within today's health care and/or your interest in the program.

~Attach the essay to your application.

~A \$25.00 application fee must be included with this Application for Admission.

(The essay and application fee are not required for continuing education students.)

Mail to: Lourdes Institute, 1600 Haddon Avenue, Camden, NJ 08103 (Attention: Registrar)

I certify that the above answers are true, correct and complete to the best of my knowledge. Further, I agree to abide by the rules, regulations and policies of Lourdes Institute and Camden County College as outlined in the catalog/manual.

Applicant's Signature _____ Date _____

LIWS OFFICE USE ONLY
Date Application Received _____ Initials _____ Interview _____