

**Intent to Enroll Form
 Therapeutic Massage Program
 Health and Public Safety Division**

Please assure that all items have been completed, attached, and/or submitted to Enrollment Services, which is located in the Welcome Center on the La Crosse campus. **Do not** mail in the Intent to Enroll form. **The Intent to Enroll form will be submitted at your mandatory Enrollment Services Advisor meeting.** This meeting will be scheduled **after** you have completed all of the requirements in Step II, as outlined in the program admission requirements. An appointment with an Enrollment Services Advisor can be scheduled at (608) 785-9553. We recommend that you retain copies of each document submitted to Western for your personal records.

Program Admission Requirements:	Completed/ Initials
STEP I – Application to the College	
1. Submit WTCS Application Form and \$30 application fee. http://www.westerntc.edu/admissions . Then click on Application PDF.	
2. Submit copies of Transcripts: High School and College, if applicable.	
3. Complete Reading, Writing, and Math course/placement testing requirements. Contact the Assessment Center to schedule at (608) 785-9566. (See Satisfactory Placement Scores under the Admission Requirements tab.)	
STEP II – Application to the Program	
1. Read Mandatory Online Program Overview .	
2. Meet reading requirement as outlined in the online program overview.	
3. Meet math requirement as outlined in the online program overview.	
4. Meet writing requirement as outlined in the online program overview.	
5. Read program Essential Functions .	
6. Submit completed Immunization form , refer to two-step TB requirements. TB test to be maintained annually through out program.	
7. Submit Background Information Disclosure form and fee.	
8. Complete American Heart Association BLS Healthcare Provider and submit copy of CPR card. Must be maintained throughout the program.	
9. Completion of one year of High School or one semester of Developmental or College Biology with a C or better.	

SUBMIT THIS FORM (PAGES 1 AND 2) AT YOUR SCHEDULED MEETING.

Therapeutic Massage

Name _____

Student ID _____

My signature below signifies that I have completed these requirements and intend to enroll in program courses as soon as possible:

Yes No

- Completed the program admission requirements.
- Read the online program overview and understand:
 - The specific program requirements (e.g. travel for clinical, purchase of materials, etc.)
 - How to contact program faculty and/or Enrollment Services if I have any questions or concerns.
 - That it is my responsibility to keep my contact information (address/phone number) current with Enrollment Services.
- Once I have met with an Enrollment Services Advisor and signed the Intent to Enroll Form, I understand I will remain accepted in my program without taking any classes until I begin the program. I realize if I choose to take classes while waiting to start my program, my debt will increase.
- I have read and I understand the Essential Functions relative to the program.
 - I am able to meet the Program Specifications and do not need any reasonable accommodations to meet those standards at this time.

____(√) I require the following reasonable accommodation(s) to meet the Program Specifications:

Student Signature

Date

Enrollment Advisor/Counselor Signature

Date

<p>Retain a copy for your records. Schedule a meeting with an Enrollment Services Advisor/Counselor.</p> <p>Western Technical College Enrollment Services, Welcome Center 400 Seventh Street North, PO Box C-0908 La Crosse, WI 54602-0908 608-785-9553</p>
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