



**REQUEST FOR TRANSFER OF CREDIT  
 1000-HOUR MASSAGE THERAPY CERTIFICATE PROGRAM**

Date \_\_\_\_\_ Quarter Applying For: \_\_\_\_\_ Day or Evening \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

BCMT accepts transfer credit from accredited two-and four-year colleges and universities. Applicants may request a transfer of credit for equivalent courses for which they have earned a grade of "B" or better and for ones taken within the last five years. Please attach a course description for each course listed below.

NOTE: REQUESTS FOR TRANSFER CREDIT MUST BE COMPLETED PRIOR TO ENROLLMENT.

The applicant requests transfer of credit for the following courses for which he/she has completed equivalent coursework:

Request Transfer Credit For:	Name of Course(s) Taken	Course Code	Name of College	Date Completed	Grade
Movement I					
Anatomy & Physiology I/II					
Pathophysiology					
Career Development I/II					

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to:

Boulder College of Massage Therapy  
 Attn: Director of Enrollment & Services  
 6255 Longbow Drive  
 Boulder, CO 80301

DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY

Approved by: \_\_\_\_\_  
 Director of Enrollment & Services

Date: \_\_\_\_\_

(CC: Financial Aid Advisor, Director of Education, and Bursar)