



**MORRISVILLE**  
**STATE UNIVERSITY**  
**OF NEW YORK**

Return by mail to

SUNY Morrisville  
Attn: Laurie Zbock  
P.O. Box 901  
Morrisville, New York 13408-0901

Or scan and email to [zbockla@morrisville.edu](mailto:zbockla@morrisville.edu)

Entrance into Massage Therapy Program – Both (WESTERN & EASTERN) forms of Massage are required to be completed.

\_\_\_\_\_, an applicant for the Massage Therapy  
(PRINT APPLICANT'S NAME)

Program at SUNY Morrisville, received a **(1) WESTERN BODY WORK** session with a LICENSED MASSAGE THERAPIST on \_\_\_\_\_ (within one year prior to enrollment) as a requirement for admission. (DATE)

**TO BE COMPLETED by NYS Licensed Massage Therapist**

From: \_\_\_\_\_  
Licensed Massage Therapist (print name)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature of Therapist Date

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# MORRISVILLE

STATE UNIVERSITY  
OF NEW YORK

\_\_\_\_\_, an applicant for the Massage Therapy  
(PRINT APPLICANT'S NAME& SOCIAL SECURITY NUMBER)

Program at SUNY Morrisville, received a **(1) EASTERN BODYWORK** session with a LICENSED MASSAGE  
THERAPIST on \_\_\_\_\_ (within one year prior to enrollment) as a requirement for  
admission. (DATE)

### TO BE COMPLETED by NYS Licensed Massage Therapist

From: \_\_\_\_\_

Licensed Massage Therapist (print name)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date