



## STUDENT FOR A DAY REQUEST FORM

Thank you for your interest in being a SFAD (Student for a Day) at ITM.  
Please note, that due to the high numbers of students sitting in on classes each week,  
you may be placed on a waiting list. We appreciate your patience in arranging your SFAD request.

Date of Request: \_\_\_\_\_ Program Interested in Joining: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have any previous experience as a student or practitioner in:

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| Eastern Medicine:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Western Herbal Medicine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Biomedicine:             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other forms of Medicine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to any of the above, please give us a few more details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Being a Student for a Day at ITM.

We are pleased that you would like to visit with us, meet with students, teachers, program directors and have an experience of the dynamic learning environment and community we have created at ITM. We ask that you inform the office upon your arrival so that we can introduce you to the correct class. We also ask that you respect the general flow of the class, and refrain from asking questions of the teachers/students during a class. We fully encourage you to ask questions on breaks – which occur often throughout the day. Thank you for your consideration and cooperation.

### Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

I, the participant release the organizers of the class and their directors, sponsors, employees and agents from any liability for death, disability, injury and property damage. The participant acknowledges the risks involved with participating in any classes/programs/workshops at ITM, and **assumes all responsibility**, and waives any claims s/he may have. The participant agrees that they have informed the organizers of any relevant medical (health or mental) concerns that they may have.

\*In signing this form I am acknowledging that I understand and agree to the policies and waiver, at the Institute of Traditional Medicine.

\_\_\_\_\_  
Signature of Participant

MM / DD / YYYY  
Date

**\*Please note that ITM has a Clean Air Policy. We kindly ask that you refrain from wearing any perfumes, colognes or other scents while visiting ITM.**

### **OFFICE USE ONLY**

**Date Received:**

**SFAD Date Confirmed:** MM / DD / YYYY