

Greg Roskopf's



Muscle Activation Techniques®  
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**Emergency Contact:**

MAT® Jumpstart Series	Date	Deposit	Payment	Refund	Number of Hours of Training Received	
Lower Body						
Upper Body						
Trunk & Spine						
MAT Jumpstart Series						
Total Amount Paid (Refunded)			\$0.00	\$0.00	\$0.00	0

(Pass/Fail)  
Written                      Practical

**Jumpstart Exam Date**  
**Final Jumpstart Series Course Grade (Pass/Fail)**  
**Graduation Date**

**Course Withdrawl Date**  
**Reason/Notes**

MAT® Specialist Program	Course Date	Deposit	Payment	Refund	Number of Hours of Training Received
Lower Body - Wk 1		Apr-16			20.5
Lower Body - Wk 2		May-16			20.5
Upper Body - Wk 3		Jun-16			20.5
Upper Body - Wk 4		Jul-16			20.5

Trunk & Spine - Wk 5	Aug-16				20.5
Trunk & Spine - Wk 6	Sep-16				20.5
Cervical & Accessory - Wk 7	Oct-16				20.5
Cervical & Accessory - Wk 8	Nov-16				20.5
Total Amount Paid (Refunded)		\$1,000.00	\$10,499.00	\$0.00	164

		<b>Specialist Midterm Exam</b>		<b>Specialist Final Exam</b>	
		Written	Practical	Written	Practical
<b>Specialist Exam Date</b>	21-Feb-17	Pass	Pass	Pass	Pass
<b>Final Specialist Course Grade (Pass/Fail)</b>	Pass				
<b>Graduation Date</b>	21-Feb-17				

**Course Withdrawl Date**  
**Reason/Notes**

<b>MAT® Masters Program</b>	<b>Course Date</b>	<b>Deposit</b>	<b>Payment</b>	<b>Refund</b>	<b>Number of Hours of Training Received</b>
Lower Body					
Upper Body	9/21-9/22/2018	\$100.00	\$399.00		16
Wrist and Hand					
Trunk & Spine					
Foot Function					
Cervical					
Total Amount Paid (Refunded)		\$100.00	\$399.00	\$0.00	16

**Masters Final Exam**  
Practical

**Masters Exam Date**  
**Final Masters Course Grade (Pass/Fail)**  
**Graduation Date**

**Course Withdrawl Date**  
**Reason/Notes**

**MAT® Rx Group**

Lower Leg - Class 1  
 Foot - Class 2  
 Wrist and Hand - Class 3

Course Date

**Deposit**

**Payment**

**Refund**

**Number of Hours of  
 Training Received**

Total Amount Paid (Refunded)

**\$0.00**

**\$0.00**

**\$0.00**

**0**

**Exam**

Written

Practical

**Rx Group Exam Date**

**Final Rx Group Course Grade (Pass/Fail)**

**Graduation Date**

**Course Withdrawl Date**

**Reason/Notes**

**MAT® Rx Internship**

MAT Rx Internship - Module 1  
 MAT Rx Internship - Module 2  
 MAT Rx Internship - Module 3  
 MAT Rx Internship - Module 4  
 MAT Rx Internship - Module 5  
 MAT Rx Internship - Module 6  
 MAT Rx Internship - Module 7  
 MAT Rx Internship - Module 8

Course Date

**Deposit**

**Payment**

**Refund**

**Number of Hours of  
 Training Received**

Total Amount Paid (Refunded)

**\$0.00**

**\$0.00**

**\$0.00**

**0**

**Rx Internship Exam**

Practical

**Rx Internship Exam Date**  
**Final Rx Internship Course Grade (Pass/Fail)**  
**Graduation Date**

**Course Withdrawl Date**  
**Reason/Notes**

<b>MAT® Rx CEC</b>	<b>Course Date</b>	<b>Deposit</b>	<b>Payment</b>	<b>Refund</b>	<b>Number of Hours of Training Received</b>
<b>CEC Course</b>					
	Total Amount Paid (Refunded)		<b>\$0.00</b>	<b>\$0.00</b>	

**Course Withdrawl Date**  
**Reason/Notes**

**Certificate of  
Attendance**

**Location**

**Total Hours**

**Quiz (Pass/Fail)**

**Location**

**Total Hours**

**Certificate of  
Attendance**

**Location**

Pass

Denver

**Total Hours**

**Certificate of  
Attendance**

**Total Hours**

**Total Hours**

**Certificate of  
Attendance**

**Total Hours**