



ENROLLMENT APPLICATION

Student Information

Name (Last, First):	Date of Birth:
Address:	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State and Zip:	Home Phone:
Email:	Cell Phone:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-citizen
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	
Are You Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered 'Yes' in the above question, then only answer the question below: How will this credential/ training be beneficial to you in maintaining or advancing in your current position? (choose from the following choices): <input type="checkbox"/> Merit increase <input type="checkbox"/> Promotion <input type="checkbox"/> Additional job assignments <input type="checkbox"/> Needed to maintain current position	

Program of Study

Program Name:	Batch: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
Total Hours:	
Payment Method:	<input type="checkbox"/> Student Payment Plan <input type="checkbox"/> Other

Enrollment Procedure

Once you have chosen your course of study, please submit this application to the Office of Admissions. Please bring the following items to your enrollment appointment:

- 1 Picture ID
- \$125 Registration Fee
- Copy of diploma and/or degree
- 1 passport sized photo

If your education was completed overseas, you may be required to provide an evaluation of your diploma/degree. All students who are seeking waivers will also be required to submit their transcripts for evaluation.

****FOR ADMISSION OFFICE USE ONLY ****

Date of Acceptance: _____ **Program:** _____

Program Start Date: _____ **Tentative End Date:** _____

Administrator Signature	Name	Date
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