



AIHT EDUCATION

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	

Program of Study

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

Education Summary (Write highest degree first)

School / College Name and Address	Years Attended From / To	Status: Graduated/ Currently Attending/ Withdrew
	/	
	/	

Educational Goals

What are your educational goals at this time?



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I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that the submission of any false information may result in dismissal from the Institute. In addition, I understand that upon my enrollment, I have to abide by the policies and regulations of the AIHT Education.

Student Signature

Name

Date

Signature of Parent

Name

Date

Or Guardian (if student is under the age of 18)

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