



ZAREM/GOLDE ORT TECHNICAL INSTITUTE APPLICATION FOR ADMISSION

PERSONAL INFORMATION

| | | | | | |
|--|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------|
| Last Name | | First Name | | | |
| Present Street Address | | | City | State | Zip Code |
| Home Phone | Cell Phone | E-mail Address | | | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Emergency Contact: | Name | Relationship | Phone |
| Date of Birth | | | Social Security Number | | |
| Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | What is your Citizenship? | | Country of Birth | |
| I would like to attend class in the: | | <input type="checkbox"/> Morning | <input type="checkbox"/> Evening | <input type="checkbox"/> Weekend | |
| I would like to enroll in the following program: | | | | | |

How did you hear about our school? _____

Do you have any disabilities which could cause difficulty in completing the program? No Yes

If yes, please explain _____

What level of education will you pursue in the U.S.? AAS BS MS Other

EDUCATION HISTORY

| TYPE OF SCHOOL | NAME & LOCATION (CITY, STATE OR COUNTRY) | DATES ATTENDED | GRADUATED | MAJOR | DEGREE |
|-------------------------|--|----------------|--|-------|--------|
| HIGH SCHOOL | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| COLLEGE OR TRADE SCHOOL | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| GRADUATE SCHOOL | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

EMPLOYMENT HISTORY: Describe the kind of work you have done and any special skills you have acquired.

I certify all statements to be true and correct and authorize the verification of all statements contained in this application.
I understand that misrepresentation or omission of facts called for is cause for dismissal.

DATE _____ SIGNATURE _____

OFFICE USE ONLY

PROGRAM _____ ACCEPTED _____ REJECTED _____ REASON _____

COMMENTS: _____