

List in Order with Most Recent Employment First				
Date Begin	Date End	Employer	Location	Duties

PHYSICAL

HOW DO YOU CONSIDER YOUR HEALTH? Excellent Good Poor (If poor, explain)

PLEASE LIST ANY PHYSICAL OR MENTAL CONDITIONS WHICH COULD INTERFERE WITH YOUR TRAINING OR ATTENDANCE.

PLEASE LIST ANY MEDICAL CONDITIONS OR MEDICATIONS THE FACULTY SHOULD BE ADVISED OF.

NAME AND TELEPHONE NUMBER OF YOUR FAMILY DOCTOR

CONDITIONS OF ENROLLMENT

I expect to enter the college on or about _____, subject to my acceptance by the school. If accepted, I intend to put fourth my best efforts to successfully complete my training. I do allow the school to use my name and/or photograph for its publicity. I agree to abide by the rules and regulations of the college at all times during my course of training. It is understood that a \$150.00 application fee is required of each enrollment. According to Oregon Department of Education 581-045-0026, this fee is refundable within five days.

I expect to enter the college on or about _____, subject to my acceptance by the school. If accepted, I intend to put fourth my best I give permission to the Institute to use my social security number for school records only, that I will receive the current school catalog on orientation day and that I owe 20% of all tuition/fees one week PRIOR to beginning of school.

Applicant Signature _____
Date

Institute Director Signature _____
Date

APPLICATION CHECK-LIST

- I have filled in all required information on this application.
- I have read and signed the statement above.
- I have enclosed the \$150.00 Application Fee.
- I have enclosed two 1x1 photographs of myself.
- I understand that if accepted, that by one week prior to school, I must pay for my kit and 1/4 of my tuition.
- I have selected my course and the attendance schedule.

HOW DID YOU HEAR ABOUT THE COLLEGE? Internet _____ If Referral by whom? _____

Newspaper Advertisement Classified Section Telephone Book Radio Television Bus Referral Other _____