

ADMISSION PRELIMINARY FORM

Date: _____

Program Selected. (Curso Seleccionado)

Start Date: _____

Campus	
Hialeah	<input type="checkbox"/>
Miami	<input type="checkbox"/>

Medical Assistant	<input type="checkbox"/>	Patient Care Technician	<input type="checkbox"/>
Dental Assistant	<input type="checkbox"/>	CBA	<input type="checkbox"/>

Shift	
Day	<input type="checkbox"/>
Eve	<input type="checkbox"/>

How did you know about this school? (Como supo de esta escuela?)

Referrals	<input type="checkbox"/>	TV Channel 23	<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>	C SSF or Voc. Rehab	<input type="checkbox"/>
TV Channel 51	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Walking	<input type="checkbox"/>

Last Name First Name Middle Initial

Permanent Mailing Address

Number and Street (Include Apt. number)

City State ZIP code

Your Email

Your Social Security Number

your date of birth

your telephone numbers

- - Month Day Year

Home - -

US Citizen? Yes No A

Cell - -

Marital Status Last Grade Completed

Date of Graduation

Month Day Year

Have you applied to another school for Federal Student Aid recently (Pell Grant)? Yes
 (Usted ha aplicado recientemente en alguna otra escuela con fines de obtener Ayuda Financiera para estudiar) No

Please list two Contacts

	Name	Phone	Relationship
1	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

FINANCIAL AID USE ONLY

Enrolled

Not Qualify

Reason: _____

F.A.O.

Pending: