

APPLICATION FOR ADMISSION



Date of Application	Course Applying for	Planned start date

Personal Information

Full Name		Date of Birth
Address		
Phone		
SSN	Gender	
Email		

Educational Background

Type of School	University / Institute/School Name	Level Completed	Graduation Date	Area of Study
High School				
College				
Vocational or Other				

Employment History

Company	Position	Dates	City / State

Skills & Training

Skill & Training Achievement(s)	Level	Year	Institute

References

Name.	Address.	Phone.	Years Known

Emergency Contact

Name
Address
Phone number
Relation

Other Info

Have you been treated for any medical condition other than colds or minor injuries in the last five years? YES/NO If yes please explain:
Do you have any disabilities or a 504 that would require any assistance for learning? If yes please explain:
Have you ever been convicted of a felony or misdemeanor other than a traffic offense? YES / NO If yes please explain:
Are you currently on probation from the law? YES / NO I understand that WSI is not responsible for the boards decision upon licensure: Initial:

Application Agreement

By signing this form, I also state that to the best of my knowledge I am free of communicable diseases, in good health, and physically able to practice in this field. I also affirm that I have read the schools catalog. I understand and will comply with the policies stated there in. Please state any problem or issue with the above statement:
Signature:
Date:

Will you be using Veterans Administration Benefits? If so please indicate which chapter.

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