

## Application for Admission

Enrollment Date \_\_\_\_\_ and Year: \_\_\_\_\_  Winter  Spring  Summer  Fall

Enrollment Status:  First Year  Re-entry

### Personal Information

\_\_\_\_\_  
 Last Name First Name Middle Name Date

\_\_\_\_\_  
 Business Name Title

\_\_\_\_\_  
 Personal Mailing Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Home Phone Cell Phone Fax

\_\_\_\_\_  
 Email Address

Gender:  Female  Male Are you a U.S. Citizen?  Yes  No

Ethnic Origin:  African American  Caucasian  Hispanic  
 Native American  Asian/Pacific Isle  Other

### Educational Information

Students must submit an official high school transcript or official GED scores and college transcripts if previously attended another college. Official transcripts must have the institution's seal and must be presented in an unopened official envelope from the sending institution. It is the student's responsibility to obtain their transcripts. Transcripts must be delivered or mailed 14 days before start date of class to: National Trichology Training Institute, 9150 Peridot Parkway, Stockbridge, Georgia, 30281.

### Prerequisites and Student Registration Process

- Step 1 Must be at least 18 years with a high school diploma or have Satisfactorily completed the General Educational Development (GED).
- Step 2 Complete the Registration Application
- Step 3 Successfully Complete the Orientation Process ( 1<sup>st</sup> day of class)
- Step 4 Sign Student Contract (14 days before the 1<sup>st</sup> day of class)
- Step 5 Pass Entrance Exam (1<sup>st</sup> day of class)

By completing this form, you certify that the above information is accurate and honestly presented. National Trichology Training Institute, an authorized school of the State of Georgia Nonpublic Postsecondary Education Commission, is an equal opportunity educational institution.

# National Trichology Training Institute 2017-2018

Office Use Only
Student ID# _____
Date _____ Initials _____

List the name, dates of attendance, date of graduation and location of the high school (and any credit from colleges/universities) you have attended or are attending. You must request all transcripts be sent to the National Trichology Training Institute.

Name of High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Month and year of Graduation \_\_\_\_\_

College or University \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date of Attendance \_\_\_\_\_ Graduation \_\_\_\_\_

## Attainable Occupation and New Career:

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- Dermatologist Assistant
- Trichology Clinic
- Trichology Clinical Research and Development
- Trichology Health and Wellness Instructor
- Trichology Consultant
- Trichologist Counselor Assistant in Oncology for Cancer Patients (with hair loss)
- Trichology Instructor
- Trichology Practitioner and Therapist (Beauty License Required)

## Registration Fee:

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### **Non-Refundable and Non-Transferrable \$99.00 Registration Fee:**

*Upon receipt of this form and your registration fee, we will send confirmation of your registration, including information regarding Orientation, Tuition, and Textbooks required for class.*

Payment Type:

A check for my registration fee is enclosed: made payable to NTTI

Charge my registration fee to:  Visa  Master Card  American Express  Discover

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Name on Card

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Cardholder Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Enrollment at the National Trichology Training Institute signifies your willingness to conduct yourself in accordance with high standards of personal behavior consistent with the Code of Conduct and to adhere to the academic policies and other regulations in the Student Catalog. By completing this application, you certify that the above information is accurate and honestly presented.

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Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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