AIPT College

College of Healthcare, Management and Technology

Registration Form: 2007-2008

(Enclose non refundable US $ 250.00 for Registration Fee)

Please attach one Photo here and three in envelope

PROGRAM APPLYING FOR: _____

Semester: January / April / July / Oct. 2007 / 2008 (Circle one) **Location: USA / Canada**

Mr./Miss./Mrs./Dr. _____

(Last name) (First name) (Middle initial)

(Mailing Address) (City) (State) (Zip Code) (Country)

@

(Phone including country code and city code) (Email address)

(Emergency contact and relationship) (Phone including country code / city code)

Optional Information (For community services):

Date of Birth: _____/_____/_____ (MM) / (DD) / (YYYY), Male / Female: _____ Nationality: _____

Passport No: _____ Exp Date: _____

EDUCATION (List in chronological order after 12th grade):

College / University Name, City and Country	Year attended (From / To)	Program or course	Diploma / Degree

HAVE YOU TAKEN: TOEFL _____ DATE _____, IELTS _____ DATE: _____

Method of Payment: (Make payable to, AIPT)

1. ( ) Enclosed is a Certified Check / Bank Draft for the amount indicated $ _____.
   (All fess are payable in full in advance or before the start of each semester)
2. ( ) Students who require payment at the start of each semester MUST apply to the Office of Admissions with a letter from a guarantor for full payment and proof of financial capability.

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application will invalidate my application.

Read, agreed and accepted by applicant / guardian with the content of institute brochure /regulations.

_____ _____

Applicant's signature and Date **Signature of responsible person for payment and Date**

International Admission Office: AIPT, 210 Lee Place, HACKENSACK, NJ 07601, USA
Phone: 001-201-489-2771; Fax: 001-201-489-8035: E-mail: infoUSA@aiptnet.com; Website: www.aiptnet.com

*AIPT is Healthcare, Management and Technology Career College approved by **US Dept. of Homeland Security and NJ/NY/PA** State Dept. of Education and Dept. of Labor. Stanford College is approved by Canada Ministry of Education and Training. All candidates will be given equal consideration regardless of age, color, sex marital status, national origin, religion and physical disability. Answers to the questions on the form will not be used to discriminate against any candidate. EOE*

NOTE:** If applicants are fully qualified for their program choice in all areas except their English Language skills: TOEFL 500/147 or IELTS 5.0 they may be granted conditional acceptance into their program of choice and guaranteed admission upon successful completion of the English for Academic Purposes (EAP / ESL).Program Processing fee of $ 8000 (towards EAP/ESL) will be charged from International students who withdraw from their program after getting Student Visa or at anytime during the studies. This fee is non-refundable. If the student completes their program of studies, the processing fee will then be applied to the tuition fees. **ALL APPLICABLE TUITION FEE ARE PAYABLE IN ADVANCE IN FULL PRIOR TO SEMESTER START.

OFFICE USE ONLY: Student ID: _____ Date: _____

Accepted / Rejected by : _____ Date: _____

Cause: _____

(This form may be duplicated. Please print in black ink with capital letters only)

All rights reserved by AIPT, Global: USCIS 2007/01