

# American Institute of Diamond Cutting, Inc.

MAILING ADDRESS:

P.O. Box 4067

Deerfield Beach, Florida 33442

Phone: U.S. 1-800-831-8470

Fax: 1-954-574-0833

International (954) 574-0833



## APPLICATION FOR ENROLLMENT

### SECTION A:

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

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Telephone: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Country of birth \_\_\_\_\_ Nationality \_\_\_\_\_  Male  Female

US Zip Code \_\_\_\_\_ Country Code \_\_\_\_\_ Marital Status:  Married  Single  Divorced

Number of dependants \_\_\_\_\_ Applicant's Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### SECTION B:

Are you a high school graduate: \_\_\_\_\_ Years attended \_\_\_\_\_ Year of graduation \_\_\_\_\_

Name of High school \_\_\_\_\_ Country/State \_\_\_\_\_

College or institution of higher learning attended (if any):

(1) Name: \_\_\_\_\_ (2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(1) Years attended: \_\_\_\_\_ (2) Years attended: \_\_\_\_\_

Degrees, diplomas, or certificates received:

(1) a. \_\_\_\_\_ (2) a. \_\_\_\_\_

(1) b. \_\_\_\_\_ (2) b. \_\_\_\_\_

(1) c. \_\_\_\_\_ (2) c. \_\_\_\_\_

List any special training or work experience received in a related field.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

### SECTION C:

If under 18 years of age, give the following information:

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION D:**

Do you suffer from any physical disability?      Yes      No

If so, please explain briefly: \_\_\_\_\_  
\_\_\_\_\_

Do you suffer from any of the following:      Epilepsy Arthritis Rheumatism

Other: \_\_\_\_\_

Name and telephone number of the person(s) to be notified in the event of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

**SECTION E:**

Foreign students only (if American resident or citizen, please go to SECTION F):

Projected starting date of attendance? Month \_\_\_\_\_ Year \_\_\_\_\_

Following is a list of items that must be mailed with this application:

- (1) Please attach bank letter or financial statements showing support for a period of not less than 12 months attendance at the Institute (support may be shown from one or more sources).
- (2) Two passport size photographs to accompany this application.
- (3) A check in the amount of US \$150.00 as an enrollment fee, which will be applied towards tuition if you are accepted and refunded in full if you are not accepted or fail to obtain a student visa.

NOTE:

- (a) Upon receipt of all completed documents, an I-20 form completed and signed by the institute will be mailed to the applicant.
- (b) Please allow four to six weeks for a response from the date the application was received by the institute.

**SECTION F:**

American citizens or residents only (if non-resident or citizen, see SECTION E):

Projected starting date of attendance? Month \_\_\_\_\_ Year \_\_\_\_\_

- (1) Two passport size photographs to accompany this application.
- (2) A check in the amount of US \$150.00 as an enrollment fee, which will be applied towards tuition if you are accepted and refunded in full if you are not accepted.

NOTE: Please allow 4 weeks for a response from the date the application was received by the institute.

**SECTION G:**

All applications will be handled and filed according to the date each application is received. In the event current classes are filled, the Institute reserves the right to set a new enrollment date for the next available class.

Signature of parent or guardian if application is under 18 years of age:

Signature \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
(PLEASE PRINT)

Applicant's Signature \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
(PLEASE PRINT)

