

Texas Healthtech Institute

(School Number:S3833)
Beaumont, Texas, USA



Career College
Approved and Regulated by
Texas Workforce Commission

Admission Application Form

Use this form to apply for admission to the desired program of study. Print the form, enter necessary information, attach documents, send my mail or as email attachment to the Admission Office.

For Official Use Only - Do not write

Eligibility	:	Satisfy	Do not Satisfy
Form Complete	:	Yes	No
Admission	:	Granted	Not Granted

1. Applicant Details

Title: Mr Ms Mrs Miss **Gender:** Male Female

Family name: [Grid for name entry]

Given Name [Grid for name entry]

Mailing Address: [Grid for address entry]

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Emergency Contact

Name: [Grid for name entry]

Telephone: _____

Relationship: _____

2. Course Application

Course descriptions and requirements are available in the college website www.texashealthtech.com.

- | | |
|--|---|
| <input type="checkbox"/> Certificate in Medical/Clinical Assisting | <input type="checkbox"/> Certificate in Phlebotomy Technician |
| <input type="checkbox"/> Certificate in Medical Coding & Billing | <input type="checkbox"/> Certificate in Medical Office Specialist |
| <input type="checkbox"/> Certificate in Pharmacy Technician | <input type="checkbox"/> Certificate in Home Health Aide |

Mode of Study Full Time (Day classes) Evening Classes Online

When you want to start? Immediate One month 3 months

3. Academic Record

High School Diploma GED Some College Courses Other, Need TABE Testing

* Attach copies of diplomas/certificates

Qualification/Award	School/Institute	Years Attended		Course Completed Yes/No
		From	To	

4. Exemption/Credit for Previous Studies

Do you wish to apply for credit/exemption for previous studies? Yes No

If yes, please attach the course syllabus for each of the subjects for which you wish to receive credit/exemption.

Subject to be exempted	Exempted by	<i>Official use –do not write here</i>
		Exempted - Yes/No
		Exempted - Yes/No
		Exempted - Yes/No

5. Application Fee

Application Fee is \$15.00 (non-refundable)

Bank Draft/Check – I have attached a bank draft/check made payable to "Texas Healthtech Institute"

6. Declaration

1. I declare that I have read and understood all the information provided by the College in this application and all the information I have supplied on the application form is, to the best of my knowledge, complete and correct.
2. I acknowledge that my application for enrolment is subject to acceptance by the College which has the right to impose conditions.
3. I acknowledge that the College reserves the right to reverse or vary any decision regarding admission made on the basis of incomplete or false information.

Print Your Name

Signature

date