

Application for EnrollmentDiamond Cutting and Polishing Programs

Mailing Address:

1287 E. Newport Center Drive #202 Deerfield Beach, Florida 33442 Phone: U.S. 1-800-831-8470

Fax: 1-954-574-0833 International: 954-574-0833

Program Details:

Tuition: U.S. \$7500.00 Enrollment Fees: \$150.00

Clock Hours: 30 Duration: 3 Months

Section A			
Name			
First	Middle		Last
Address			
Street Address			
Address Line 2			
City		State / Province / Reg	gion
ZID (Destal Code		Country	
ZIP / Postal Code		Country	
Phone		Email	
Country of Citizenship		Country of birth	
		·	
Nationality		Gender	
Marital Status		Number of depen	ndants
Married Single Divorced		ranibel of depen	Marito
Married Single Divorced			

Applicant's Date of Birth				
Month	Day		Year	
Section B				
Are you a high school graduate?	Years attended		Year of graduation	
Yes No				
Name of High School		Country/State		
College or institution of higher learning	g attended (if any):			
(1) Name				
Address		Years attended		
Address		rears attenueu		
Decree distance on continuous	d	Decree dinteres		
Degrees, diplomas, or certificates rec	tervea	Degrees, diploma	s, or certificates received	
List any special training or work expe	rience received in a	related field.		
(2) Name				
Address		Years attended		
Degrees, diplomas, or certificates received		Degrees, diploma	s, or certificates received	
List any special training or work experience received in a related field.				
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Section C					
If under 18 years of age, give the following information:	:				
Father's Name	Phone				
Address					
Mothers's Name	Phone				
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					
Name and telephone number of the person(s) to be notified in the event of an emergency:					
0.1.5					
Section E					
Foreign students only (if American resident or citizen, please go to SECTION F): Projected starting data of attendance?					
Projected starting date of attendance?	V				
Month	Year				

(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 a	nd 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: Name				
First	Last			
Signature	Date			

Applicant's Signature	
Name	
First	Last
Signature	Date