


READING INSTITUTE
OF HIGHER EDUCATION

LIBERAL ARTS, SCIENCE & TECHNOLOGY

ADMISSION APPLICATION

Applying for: Fall Term _____ (year) Today's Date: _____
 Spring Term _____ (year)
 Summer Term _____ (year)

STUDENT INFORMATION

Full Name of Student: _____

Preferred Name: _____

Date of Birth (*mm/dd/yyyy*): _____ Gender: Male Female

E-mail Address: _____ Mobile Number: _____

Home Address: _____

Mailing Address (*if different*): _____

Country of Birth: _____ Country of Citizenship: _____

If not a U.S. citizen, do you have a resident status? Yes No If no, please indicate visa type: _____

Alien Registration Number A _____ (Please send copies of any immigration documents with your application)

CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Alternate Phone: _____

Parent(s)/guardian(s): _____
Complete if applicant is younger than 18 years old

Address (*if different from student*): _____

EDUCATION INFORMATION

High School: _____ Graduation Year: _____

Address: _____

<i>List below colleges or universities attended:</i>	<i>Areas of Study:</i>	<i>Dates:</i>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

ADDITIONAL INFORMATION

List below the organizations and activities in which you have participated, and any honors received:

High School: _____

College: _____

Other: _____

SIGNATURE STATEMENT

I declare that the information given in this application is complete, true, and correct. I understand that if any of the information on this form is found to be false or omitted, it will result in immediate dismissal from the program while retaining all payments. I agree that if any of the information on this form changes, I will provide updated information to Reading Institute within 7 days.

I have requested a copy of my transcript(s) from the educational institutions I attended, and will submit them to Reading Institute when I receive them.

I have included a one-time, non-refundable application fee of \$30.00, payable to Reading Institute of Higher Education by check or money order, or I have paid in person by credit card or cash in order to process this application.

Signature of Applicant

Printed Name of Applicant

Date

ACCEPTANCE (FOR OFFICE USE)

*Dr. Nilson J. Assis, Academic Dean
Reading Institute of Higher Education*

Date

Course Assignment