



CANDIDATE ENROLLMENT FORM

Name (First, middle, last): _____ Date _____

Address (# street, city, county, state, zip code, country): _____

Home Phone (____) _____ Cell# (____) _____ Work (____) _____

Date of Birth: _____ SS# _____ Profession: _____

E-mail: _____

Certification level (Check one): Infant /Toddler (0-3) Early Education (2.5-6)

Enrollment packet

Acceptance letter sent on _____ Admissions Interview on _____

Scheduled interview with director of program (if needed) done on: _____

Background check authorization signed on : _____

Acknowledgment of MGTEI adult learner handbook & course catalogue: _____

Sponsorship verification completed on: _____

Enrollment & Tuition Contract completed on: _____

Non-refundable registration fee paid on: _____ Receipt on file _____

Copy of a current government-issued photo ID: _____

Practicum site established at: _____

Practicum packet completed: _____ Start date: _____

Receipt for tuition payment on: _____ Receipt on file: _____

Comments:

Candidate signature: _____ Date: _____