



**MECHANICS' INSTITUTE**  
 20 WEST 44<sup>TH</sup> STREET NEW YORK CITY, NY 10036

**Enrollment Application**  
**Fall 2009 Semester**  
 (Please Print All Information)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Sec. Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

(For survey purposes only)

Company's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Company's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

Are you a member of a union?  No  Yes If **Yes**, please provide information below.

Union's Name: \_\_\_\_\_

Union's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

Are you a **returning** student of the Mechanics' Institute?  No  Yes

If **No**, do you have a GED, High School diploma, or college degree?  No  Yes

If **Yes**, has your address changed from the one you initially provided us?  No  Yes

If **Yes**, when was the last time you attended classes? **Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

What **program** are you enrolled/enrolling in?

- Construction Project Management
- Facilities Management
- Historic Preservation
- Construction Documents (including CAD, Drafting, Blueprint Reading, etc.)

***Mechanics' Institute enrolls all applicants meeting the school's entrance requirements regardless of race, color, creed, sex, age, or place of national origin.***

Please continue on reverse side.

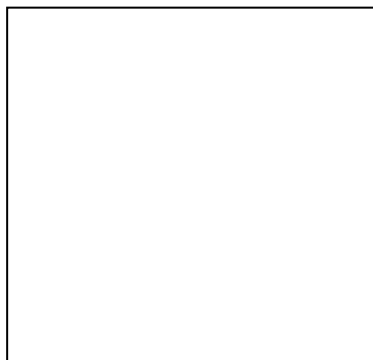
- Membership Fee: \$ 75.
- Registration Fee: \$100.
- Materials Fee (*if applicable*): \$ 25.
- Computer Lab Fee (if applicable): \$200.
- Late Fee (if applicable): \$100. (If submitted after **April 30, 2009.**)

Total Due: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_ Due By: \_\_\_\_\_

- If the class I want is unavailable, please
- credit my fees toward the next semester
  - issue me a refund.

All applicants are required to provide **two (2) current passport size photographs** with this application. Your image must be fully recognizable and devoid of dark glasses or headwear.



It is my understanding that I must read the **school catalog** and adhere to the school's policies and regulations as a condition of my enrollment. I further understand that:

- 1) *registration is not complete until all due fees are paid;*
- 2) *registration fee is not refundable unless class is cancelled; and*
- 3) *lab fee is refundable up till the third week of the semester.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

	Course Code	Days	Time	Instructor
1				
2				
3				