



MECHANICS' INSTITUTE

20 WEST 44TH 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?

Electrical technology

Plumbing Design

HVAC Systems

Architectural Drafting

Other: _____

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.

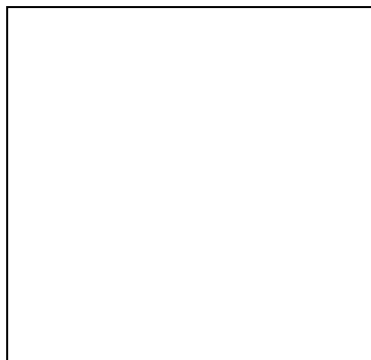
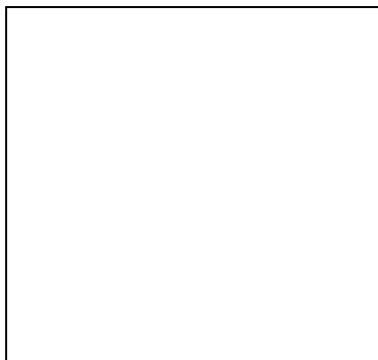
- Membership Fee: \$ 75.
- Registration Fee: \$100.
- Materials Fee (if applicable): \$ 25.
- Computer Lab Fee (if applicable): \$200.
- Late Fee (if applicable): \$100.

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 | | | | |