

MIE Application for Admission

I would like to start school on this date: _____

I need to serve ____ hours. I plan to practice in ____ (state)

My Personal Information

Name (Last, First, Middle) _____

I like to be called: _____ Other names I've used: _____

Home address _____ City _____ State _____ Zip _____

Phone number (____) _____ Cell Phone number (____) _____

E-mail address _____ Social Security # _____

Date of birth (mo/day/year): ____/____/____ First language, if other than English: _____

My Prior Educational Data- Attach Additional Sheets If Necessary

Name of school and dates of attendance	Address, City, State, Zip of school	Degree, diploma, or credits earned, GPA

List any scholastic distinctions or honors you have earned.

What are some extracurricular or personal activities/interests you enjoy? How would your friends describe you? _____

Do you plan to open your own practice after completing your training? Yes No

If you don't plan to open your own practice, how do you intend to use this training?

Have you ever been terminated from an employment or volunteer position? Yes No

Have you ever been convicted of a crime? Yes No **NOTE:** Conviction or termination does not necessarily negatively affect your application, please attach a statement explaining what happened to this application form.

My Work History

Employer	Dates of Employment	Position Held	Reason for Leaving

STATEMENT OF NON-DISCRIMINATION

RRISC does not discriminate on ANY basis including but not limited to: Gender, race, color, religion, national origin, ancestry, age, sexual orientation, gender expression, pregnancy, physical or mental disabilities unrelated to institutional jobs, programs, and/or activities, military status, or living situation.

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For security reasons, and to verify information you have reported in this application, please note we conduct a thorough background check on all applicants.

My Professional References:

Please provide the names and addresses of three individuals who are NOT related to you. At least one must know you in a work-related capacity. All must be able to speak to your character, academic skills, people skills, and work ethic. All information you provide is kept confidential.

Reference's name	Best phone number	How do they know you? How long have they known you?

Are you applying for any grants or financing plans? If yes, which ones?

Are you applying for transfer credit? Yes No

By my signature, I certify the information in this application is complete and correct to the best of my knowledge. I authorize Madison Institute of Electrolysis to conduct a background check and give permission to the Institute to obtain information from the references I provided or use other means to verify the information I have provided. I understand that falsifying information on this application is grounds for immediate dismissal from the Institute without refund of tuition.

I understand that electrology is a unique career field as electrologists generally work without supervision and there is significant risk to clients' health and safety if electrolysis is performed poorly. Among other skills, electrology requires excellent eyesight, superb eye-hand coordination, first-rate fine motor skills, the ability to work well independently, and to understand and perform complex sequential tasks. By signing this application, I also am signifying I possess these skills enabling me to be successful in the basic physical and mental aspects of the career.

Signature _____ Date _____

Please include a check for your \$25 application fee as well as any transcripts you wish us to consider for transfer credit with this completed application form. You may want to send your application via USPS Priority Mail so you have tracking information and can verify receipt.

**Mail your application and fee directly to the application screening service. Send form and fee to:
Admissions, Madison Institute of Electrolysis, 1840 Michigan Ave, Sun Prairie, WI 53590**