



20 Holland Street, Somerville, MA 02144 Phone: 617-628-0277, Fax: 617-628-0598, www.ntai.net

Network Technology Academy Institute

Student Application Form

OFFICE USE ONLY Social Security Number: _____ - _____ - _____ NTA# _____ Tuition Fee _____ Deposit _____ Method of Payment: MC, Visa, Disc, AmEx, Chk# _____ Card# _____ exp ____/____/____ CSC _____ Program/ Course Assigned: _____ Start Date: ____/____/____ End Date: ____/____/____

Please Print Clearly

Today's Date: ____/____/____

LEGAL NAME AND CONTACT INFORMATION

Last Name: _____ First Name: _____ MI: _____ Home Address: _____ City: _____ State _____ Zip: _____ Home Phone : (_____) _____ - _____ Work Phone : (_____) _____ - _____ Cell Phone: (_____) _____ - _____ E-Mail Address: _____ Fax Number : (_____) _____ - _____

PERSONAL

The following is optional. NTAI is a nondiscriminatory, equal opportunity institution, which admits students without regard to age, disability, race, ethnicity, religion, gender, sexual orientation, or national origin. If you wish please check your primary ethnicity.

Ethnic Identity: Black () White () Hispanic () American Indian () Asian ()

Gender: Male () Female () Work Status: Full-Time () Part-Time () Unemployed () Retired () Other () Please explain: _____

Is English your Native Language? Yes () No () / If not, have you taken an English Proficiency Test? Yes () No ()

Educational Background: No High School Diploma () High School Diploma () GED () Some College () One-Year Certificate () Two Year College Degree () Four Year College Degree () Post Graduate ()

AMERICAN DISABILITIES ACT (ADA) POLICY

NTAI follows the guidelines of the American Disabilities Act and provides reasonable accommodations to individuals who provide appropriate documentation of disabilities.



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WORK EXPERIENCE (Beginning With Most Recent) [ATTACH RESUME]

Most Recent Employer _____ Position _____

Dates Employed From: _____ To: _____ Brief Description of Duties: _____

Second Recent Employer _____ Position _____

Dates Employed From: _____ To: _____ Brief Description of Duties: _____

INSTITUTIONAL

How did you first hear about NTAI? _____

If sent by a State Agency: Name of Agency: _____ Counselor: _____

Were you recommended by one of our students or employees? Y () N () If so, whom: _____

In which of the following programs would you be interested in taking:

- Computer Basics A+ CCNA CCNP MCP MCSE MCSA Ms Office (basic, intermediate, advanced) Network Admin Network Admin Advanced Linux Adobe for Web Design ESL for the workplace

Desired entry date: _____

Do you know any friends that may be interested in NTAI's training programs? Please include their names and telephone numbers: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____

ALTERNATIVE SECTION

To the best of my knowledge, the above information is complete and accurate. I understand that if I knowingly provide false information my enrollment may be revoked.

Student Signature: _____ Date: _____ (mm/dd/yyyy)

Admissions Signature: _____ Date: _____ (mm/dd/yyyy)