



Application Form

TAI College • Stonewall Jackson Building • 14011 Jefferson Davis Hwy • Woodbridge VA, 22191

Phone: (571) 214-3180

PERSONAL DATA

Name: _____ Male
Last *First* *Middle Initial* *Suffix* Female

Birth Date: _____ Former last name(s), if any _____
mm/dd/yyyy

Social Security Number: _____ - _____ - _____

Where did you learn about us? _____

ADDRESS

Email Address: _____

Permanent Home Address: _____
Number & Street *Apartment #*

City/Town *State* *Country* *Zip Code*

Permanent Home Phone: (_____) _____ Cell Phone: (_____) _____
Area Code *Area Code*

If different from above, please give your current mailing address for all admission and billing correspondence.

Current Mailing Address: _____
Number & Street *Apartment #*

City/Town *State* *Country* *Zip Code*

Phone at current mailing address: (_____) _____ (From _____ to _____)
Area Code *mm/dd/yyyy* *mm/dd/yyyy*

Notes (Office Use Only)

EDUCATION HISTORY

High School where you graduated (or Plan to Graduate):

Full Name of High School

_____ Attended From _____ To _____

City/Town State mm/dd/yyyy mm/dd/yyyy

Fill in this circle if you completed the GED instead of graduating from school.

Official GED scores OR high school transcript must be submitted with this application.

FUTURE PLANS

Start Date: _____

Desired Program of Study:

- Medical Assistant (Diploma)
- Medical Administrative Assistant (Diploma)
- Medical Billing and Coding (Diploma)
- Patient Care Technician (Diploma)
- EKG Technician (Diploma)
- Phlebotomy Technician (Diploma)

Schedule Preferences:

- Daytime Classes
- Evening Classes
- Weekday Classes
- Weekend Classes

Notes (Office Use Only)

SIGNATURE

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the college or subject to dismissal if admitted.

I have read and understand all instructions and information on this application and certify that the statements I have made on this application are correct and complete.

Signature: _____ Date: _____

mm/dd/yyyy

Notes (Office Use Only)