GENY

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New York, NY 10018
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Application Form

NAME: _____ STARTING DATE: _____

HOME ADDRESS_____ COURSE:_____
STREET APT#

_____ SS#: _____
CITY STATE ZIP

DAYTIME TELEPHONE( ) _____ BIRTH DATE:_____

EVENING TELEPHONE( ) _____ FEMALE _____MALE_____

EMAIL ADDRESS: _____

EDUCATION	NAME	PLACE	DATE	YRS COMPLETED	DEGREE
HIGH SCHOOL	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____

DID YOU HEAR OF GENY THROUGH A NEWSPAPER AD_____
WHICH ONE ?_____YELLOW PAGES _____ FRIEND_____YOUR COMPANY_____
TELEVISION _____ OTHER_____

HAVE YOU EVER STUDIED THE FOLLOWING:
NETWORKING _____ SPECIFY_____
SOFTWARE_____ SPECIFY_____
HARDWARE_____ SPECIFY _____
PROGRAMMING _____ SPECIFY_____
TUITION TO BE :
PAID BY ME_____ REFUNDED BY MY EMPLOYER_____
PAID BY MY EMPLOYER_____ PAID BY_____

PLEASE RESERVE SPACE AND TIME FOR ME ON THE DATE INDICATED. I UNDERSTAND THAT THIS IS NOT A BINDING CONTRACT. BUT THAT IF FOR ANY REASON I AM UNABLE TO START, I WILL INFORM YOU BY TELEPHONE OR LETTER.

I ALSO UNDERSTAND THAT THE REGISTRATION FEE, TUITION, AND BOOK CHARGE, WHICH IS EXTRA, ARE PAYABLE WHEN I BEGIN THE CLASS.

FOR ALL COURSES WHICH HAVE AN EDUCATION REQUIREMENT, PLEASE COMPLETE THE FOLLOWING: ***(Attach resume if applicable)***

PREREQUISITES

EXPLAIN YOUR QUALIFICATION FOR TAKING_____COURSE(S):

_____

_____

STUDENT SIGNATURE:_____RECEIVED / APPROVED BY:_____