



CAREER INSTITUTE OF TECHNOLOGY

11550 IH-10 West, Ste 190
San Antonio, Texas 78230
(512) 807-8300
www.cittx.edu

STUDENT ENROLLMENT APPLICATION

PROGRAM:		
LAST NAME:	FIRST NAME:	MIDDLE:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:	ALT PHONE NUMBER:	
EMAIL:	REFERRED BY:	
SS#:	D.O.B:	DRIVER'S LICENSE#:
APPLICATION FEE: (non-refundable) \$50.00 (Certificate) \$100.00 (Degree)		TODAY'S DATE:

I understand, Career Institute of Technology reserves the right to change the start and end dates or cancel the program at its discretion.

Signature:

Declaration of health: I confirm, I am in good health and capable of performing clinical skills and duties, and I also will complete all of school's required vaccinations before or within 30 days after program start date.

Signature:

Declaration of High school graduation or equivalency: I confirm, I have a High school diploma or equivalent.

Signature:

EDUCATION HISTORY

HIGH SCHOOL	NAME: ADDRESS: YEARS ATTENDED:
COLLEGE	NAME: ADDRESS: YEARS ATTENDED:
TECHNICAL SCHOOL	NAME: ADDRESS: YEARS ATTENDED:

REFERENCES	
NAME: ADDRESS: PHONE #:	
NAME: ADDRESS: PHONE #:	
WORK HISTORY	
MOST RECENT EMPLOYMENT:	START & END DATE:
NAME OF COMPANY:	PHONE #:
ADDRESS:	CONTACT PERSON:
Applicants Signature:	
Date:	

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