

AMERICAN ACADEMY OF INTERNATIONAL EDUCATION

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REGISTRATION FORM

Program:**Start Date & Year**

<input type="checkbox"/> _____ Clock Hrs. Fee: _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ Other: _____
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Full Name: _____ Male Female Other
Last / Family / Surname First Middle

Date of Birth: _____ Place of Birth _____ Social Security # _____

Current Address: _____

Permanent Address: _____

Tel: 1. _____ 2. _____ Email _____

Emergency Contact-1 _____ Tel: _____ Email _____

Emergency Contact-2 _____ Tel _____ Email _____

Educational information:

<input type="checkbox"/> High School: _____ Year of Graduation: _____
<input type="checkbox"/> College: _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree..... Year of Graduation: _____
<input type="checkbox"/> Technical / Vocational: _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree..... Year of Graduation: _____
<input type="checkbox"/> University: _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree..... Year of Graduation: _____

Professional License: _____ State: _____ Expiry Date: _____

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Experience: *(Please attach your resume or CV for additional information).*

I have reviewed a copy of the program, and schedule of courses I wish to study, have read the AAIE Information, Policies & Program Bulletin and understand that acceptance of my admission is subject to AAIE Review, its rules, regulations and policies indicated in the school catalog, including the tuition payment, refunds and graduation requirements.

I understand that for single courses, seminars or short courses there is no Admission fee and that full payment is due when I register.

I confirm that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation or false information may result in denial of this application or dismissal from the American Academy of International Education, at any time. I also understand that I cannot graduate or receive my diploma/certificate or academic transcript until all requirements of AAIE are completed.

I am attaching a copy of my valid professional license, photo (jpg/pdf), copy of my resume or CV and copies of my educational transcripts/diploma.

Signed on this _____ day of _____ 20____, at _____ (city, state, country)

Signature of the Applicant: (please type in your name)	American Academy of International Education:
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