

Application for Admission



Clinical Hypnosis Institute

30500 Van Dyke, Suite 203
Warren MI 48093



Please Print Clearly:

FIRST NAME: _____ Middle _____ LAST NAME: _____
(Name or Initial)

Mailing Address:

Street or P.O. Box: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Ph: _____

e-mail address: _____ Web site: <http://www.> _____

Marital Status: Married Single Date of Birth: _____

Highest education level or degree: _____ High School Graduation or GED award date: _____

Employer: _____ Occupation: _____

Are you now or have you ever been under the care of a Psychiatrist ?

No Yes If yes, please give details of your condition, inclusive dates of treatment, and list any medications prescribed. _____

Reason for taking this course: _____

Have you ever been convicted of a Felony?

No Yes If yes, please give details: Date: _____ Offense: _____

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that misrepresentations on this form may be cause for refusal of admission or immediate suspension from the course.

Each Module is \$895.00

I enclose a check or money order for \$100.00 as a deposit for Module I and agree that the balance of monies due for each module is to be paid not later than the first day of the module unless prior arrangements have been made.

"All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee for not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within 3 business days after signing a contract with the school. All refunds shall be returned within 30 days."

No refunds will be made after the first day the course begins. A cancellation notice of less than 7 days prior to class commencement will incur a cancellation fee of \$50. At the discretion of the instructor, a student who leaves mid-course for personal reasons may be reinstated where s/he left off during the next term of classes at that level provided not more than one year has passed.

Signature: _____ Date: _____