



## INSPECTOR TRAINING SCHOOL APPLICATION FOR ADMISSION

The Inspector Training School is a 14-week class comprised of 408 contact hours. Contact hours are completed through a combination of lecture and lab time. Standard class hours are Monday through Friday from 8 a.m. to 3 p.m. Students who successfully fulfill all program requirements will receive a certificate of completion.

### SELF IDENTIFICATION (Please print clearly)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Military Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Do you read, write, and speak English? Yes \_\_\_\_\_ No \_\_\_\_\_

**Prospective students must be able to converse fluently in English to benefit from instruction.**

Enrollment Term: Spring (January 5, 2011 – April 8, 2011): \_\_\_\_\_ Fall (September 7, 2011 – December 9, 2011): \_\_\_\_\_

### EDUCATION

Name of High School/GED Testing Center: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

**Prospective students must have a high school diploma or GED and must supply an official copy of high school transcripts or equivalency certificate with scores which meet the state's minimum standards for passing.**

### EMPLOYMENT

Current Employer: \_\_\_\_\_ Supervisor/Company Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is your employer an NHLA member? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your employer sponsoring your tuition/supplies? Yes \_\_\_\_\_ No \_\_\_\_\_

List any previous industry experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TUITION, FEES, & FINANCIAL AID (Based on a 14-week program)

<u>Program/Administrative Fees:</u>	<u>Amount:</u>	<u>Due Date:</u>
Application Fee (non-refundable) *	\$100	Application date
Supplies Fees	\$104	
Tuition (NHLA members)	\$1,500	One month prior to class start

*\* Application fee will be credited toward the tuition.*

### Required Supplies:

- Board Rule
- Dry Kiln Operator's Manual
- Tally Book
- Lumber Grading Training Manual
- Tally Sheets

### Housing:

All housing, travel and living expenses are the full responsibility of the student and are in addition to the tuition and supplies fees.

## WITHDRAWAL/REFUND POLICY

Students who have paid tuition, but do not attend class, are eligible for a full refund less the application fee. Students must withdraw before the Class starts to ensure this eligibility.

### REFUND SCHEDULE

<u>Time of Withdrawal:</u>	<u>Refund Amount:</u>
Prior to class start	Full tuition less application fee
Prior to end of 2nd week of class	\$1025
Prior to end of 4th week of class	\$275
Prior to end of 6th week of class	\$250
Prior to end of 8th week of class	\$150

- Tuition refunds for students enrolled under the GI Bill will be pro-rated throughout the term.

## PAYMENT METHOD

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Check \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount: \_\_\_\_\_

**Students must include a minimum \$100 deposit with their application. All tuition fees and supplies expenses must be paid in full one month prior to class start.**

## EMPLOYEE SPONSORSHIP RELEASE CONTRACT

I, \_\_\_\_\_  
(print name)  
give my consent to release my personal records of attendance, grades and general conduct to my employer in exchange for their sponsorship. All sponsored employees must complete this section.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

The purpose of the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is to afford certain rights to students concerning their education records. The primary rights afforded are the right to inspect and review the education records, the right to seek to have the records amended, and the right to have some control over the disclosure of the information from the records. NHLA Inspector Training School accords all the rights under the law to students.

I, \_\_\_\_\_ have reviewed and fully understand my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) as described in the Catalog and give my permission to release general directory information, photograph and testimonials.  
*(print name)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## GENERAL TERMS

Each student is accepted with the understanding that the date classes begin, (s)he has registered for the entire program. The student agrees to report to NHLA Inspector Training School located in Memphis, TN, on or before the above date and maintain regular attendance at the School during the class and abide by all the rules and regulations of the School. The School reserves the right to dismiss any student for poor academic standing, excessive absences, failure to comply with School regulations as stated in the Catalog or for non-payment of tuition and fees when due.

## GENERAL POLICY

School policies have been formulated in the best interest of students and the School. Changes in School policy are rarely made during the academic year. However, the School reserves the right to make any change in tuition fees, refund policy, curriculum or any phase of its program where, in the opinion of the admission, students or the School will be benefited. Such changes may be made without further notice. The School also reserves the right to cancel any classes which do not have a minimum of five students enrolled. The School will refund all tuition monies paid to the School to students who are affected by the cancellation. Upon successful completion of the program, students will receive a certificate of completion from the School. Although the School provides employment assistance, it cannot and does not promise or guarantee employment.

## NOTICE TO APPLICANT

I acknowledge that I have read these enrollment policies and procedures in their entirety as printed in this document, that I understand and agree to the provision listed herein and that I will receive a copy of these enrollment policies and procedures upon acceptance. I understand that if I am accepted as a student, the amount paid with the Application for Admission will be credited towards my tuition fees. If I am not accepted, I understand that all monies paid to the School will be refunded within 30 days of the determination. I agree to abide by the terms herein listed and by the regulations and policies of the School as stated in the Catalog and Application for Admission. No other arrangements than these will be honored unless specifically agreed to in writing.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

..... **Do not write below this dotted line** .....

NHLA Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

