



APPLICATION FOR ADMISSION

Dear Applicant:

Please read the following and complete the application as accurately as possible.

PRINT or TYPE ALL YOUR RESPONSES.

Thank you.

HOW TO APPLY:

1. Please answer all questions on the application and be sure to sign the application before sending it to Bramson ORT College.
2. Please enclose the non-refundable application fee with this application form.
3. Please enclose have an official high school diploma or GED scores and notice of diploma sent to the Admissions Office.
4. If you have studied at other postsecondary institutions, please have your official transcripts sent to the Admissions Office.
5. New York State Public Health Law 2165, requires all students who were born on or after January 1, 1957, to be immunized against measles, mumps, and rubella. Students must submit documentation of immunization before classes begin.

Please send the completed application to:

**Bramson ORT College
Admissions Office
69-30 Austin Street
Forest Hills, New York 11375**

E-mail: admissions@bramsonort.edu

“Bramson ORT College does not discriminate on the basis of race, religion, sex, sexual orientation, color, national origin, age disability, physically challenged, marital status Veteran. Discrimination is not practiced in Admission, employment and treatment of students and employees.”

COMPLETE EACH OF THE FOLLOWING ITEMS:

All information will be kept confidential.

Disclosure of social security number is voluntary;
The number is used only to maintain student records.

1 Social Security Number: _____ - _____ - _____

2 Name: _____
Last (Family Name) First Middle (Other Last names used)

3 Request for admission in Year _____ Semester: Fall Spring Summer

4 Address: _____
Street

City State Zip Code

5 E-mail address: _____ @mail.bramsonort.edu
First name initial and last name

6 Phone number Home: () _____ - _____ Work: () _____ - _____

7 Length of residence in New York State: _____ Years _____ Months

8 Are you a United States veteran or the dependant of a veteran? Yes No

9 Are you a United States Citizen? Yes No

If the answer to question 8 is **NO** answer question 9.

10 Immigration Status: Permanent Resident _____
Alien Registration Card Number Date Issued
 Student Visa _____
Expires
 Other (please specify) _____

ACADEMIC INFORMATION

HIGH SCHOOL/ SECONDARY SCHOOL INFORMATION:

Official copies of high school transcripts or GED scores and diploma award certificates must be sent to the Office of Admissions.

11 Name (or number) of high school _____
City _____ Country _____

12 Date of High School Graduation or Receipt of GED: Year _____ Month _____ or
Last day of High School attendance, dismissal or discharge if did not graduate
Year _____ Last Grade _____

POSTSENCODARY SCHOOL INFORMATION:

To be filled out only by applicants who have attended a University, Institute of Higher Education, Polytechnic or any other postsecondary institution. Transcripts of all work completed must be sent to the Admissions office.

13 Lists all postsecondary schools attend in the United States or Abroad.

Institution	City/Country	Dates of Attendance	Diploma or Degree Received
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RESPONSE TO QUESTIONS 13 IS VOLUNTARY. The information has no bearing on either admissions or academic decisions. This information is being collected to meet research and federal reporting requirements. It is confidential and will not be released except in the form of statistical Summaries in which individuals are not identified.

14 Which category describes you best?

- Black, non-Hispanic White, non-Hispanic Hispanic Asian or Pacific Islander
 American Indian or Native Alaskan Other, please specify _____
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I AM APPLYING FOR ENROLLMENT AS A:

15 Matriculant Matriculant/ATB Auditor (no credits given) Non-Matriculant Other

IN THE FOLLOWING PROGRAMS OF STUDY

DEPARTMENT OF ACCOUNTING

- Accounting (AAS)
 Bookkeeper (Certificate)
 Accounting (Diploma)

DEPARTMENT OF BUSINESS MANAGEMENT

- Business Management (AAS)
 General Management
 Sales Management
 Small Business Management (Certificate)
 Business Management (Diploma)

DEPARTMENT OF COMPUTER TECHNOLOGY

- Computer Information Systems (AAS)
 Computer Sales (Certificate)
 Junior Programmer (Certificate)
 Computer Operations (Certificate)
 Intensive Programmer (Certificate)
 Graphic Design (Certificate)
 Computer Programming (Diploma)

MEDICAL AND SCIENCE DEPARTMENT

- Medical Assistant (AAS)
 Pharmacy Technician (Certificate)

DEPARTMENT OF OFFICE TECHNOLOGY

- Administrative Assistant (AOS)
 - General Office Assistant
 - Medical Office Assistant
- Medical Office Assistant (Certificate)
- Secretary (Certificate)
- Word Processing (Certificate)
- Secretarial Studies (Diploma)

DEPARTMENT OF ELECTRONICS TECHNOLOGY

- Electronics Technology (AAS)
 - General Electronics Technology
 - Home Technology Integration
 - HVAC Control Systems
- Electronics Technology (Certificate)
- Electronics Technology (Diploma)

I intended to complete the program in which I am enrolling.

I certify that the best of my knowledge the information that I provided on this **ADMISSIONS APPLICATION** is accurate and true.

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

- High School Transcript or GED Scores and Award Letter Received
- Immunization Certificate Required Received
- Immunization Certificate NOT Required

ADMISSIONS STATUS:

- Accepted
- Not Admissible under normal admissions standards Educationally Disadvantaged.
- Not Accepted other: _____

Remarks: _____

Signature of Admissions Officer _____ Date _____