

The Institute of Advanced Medical Esthetics  
8547 Mayland Drive, Richmond, Virginia 23294

APPLICATION FOR ADMISSION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to call:  morning  afternoon  evening  anytime

Comments or questions you have? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Why are you interested in this school? \_\_\_\_\_

When do you wish to start? \_\_\_\_\_

What days/hours are you not available to attend school? \_\_\_\_\_

Program delivery format requested:

Class Sections:

Fast Track

Full time

Part time

Request for special schedule:

Program or Course interested in:

Basic Esthetician (no prerequisites)

Basic & Master Esthetician combination program

Master Esthetician (requires Basic license or our Basic class or combo)

Medical Esthetician workshop

International Esthetician workshop

Chemical Exfoliation workshop  Lymphatic Drainage workshop

Microdermabrasion workshop

Special request: \_\_\_\_\_

Do you have the prerequisite for the above listed class? \_\_\_\_\_

Are you licensed in another state or jurisdiction?  yes  no

If so, please indicate what license & where: \_\_\_\_\_

PREVIOUS EDUCATION

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_ Level: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

Address: \_\_\_\_\_ Level: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Other Training: \_\_\_\_\_

Address: \_\_\_\_\_ Level: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Are you a US citizen?  yes  no

Do you need:

loans from a private bank

limited school sponsored payment plans.

I need to apply for federal funding, guaranteed student loans and grants

I agree to a pre admissions criminal background check  yes  no

Have you ever been arrested?  yes  no

If yes, for what? \_\_\_\_\_

Have you ever convicted of a crime?  yes  no Misdemeanor?  yes  no Felony?  yes  no

If yes, for what? \_\_\_\_\_

Have you ever defaulted on loans?  yes  no If yes, why? \_\_\_\_\_

Have you ever had a license revoked, denied or suspended?  yes  no If yes, why? \_\_\_\_\_

Have you ever been asked to leave a program?  yes  no If yes, why? \_\_\_\_\_

Have you ever dropped out from a program?  yes  no If yes, why? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail in: \$50 application fee made out to LAT, Inc. Please include: High School transcripts or GED, copy of drivers license, all transcripts from all education programs and high school, certificates & copies of licenses.