



Evening Class Application

Have you ever applied for NPTI before? Yes No

If 'Yes,' on what date? _____

Apply online at <http://www.nptiflorida.edu> -or-

Upon Completion and Signature of this form, you may:

-Scan and Email to admission@nptifl.com; or

-Fax to 407-845-1460; or

-Hand deliver or mail to NPTI: 3451 Technological Ave Suite 3, Orlando, FL 32817

APPLICATION FOR ADMISSION

Student Information

Last Name

First Name

Middle Initial

Current Address

Street

Home Phone

City

State / Province

Mobile

Postal / Zip Code

Country

Email Address

Social Security or SEVIS Number

Male Female
Male or Female

Date of Birth (MM/DD/YYYY)

Florida Resident? YES NO

Mailing Address (if different from current address)

Street

Permanent Phone Number

City

State / Province

Postal / Zip Code

Country

Emergency Contact Information

Name and Relationship to Student: _____

Street

Phone Number

City

Email Address

State / Province

Postal / Zip Code

Country

Application Detail

Education completed:

High School Diploma GED Some College AA/AS BA/BS MA/MS Doctoral

Desired Enrollment: Evening Program

Are you applying for Financial Aid? YES NO

Have you received Financial Aid before? YES NO

Are you eligible for Military Benefits? YES NO

Have you received VA Education Benefits Before? YES NO

How did you hear about us?

Internet – Search Engine Social Media NPTI Student Referral NPTI Graduate Referral Other _____

Ethnicity:

Hispanic or Latino American Indian or Alaska Native Asian Black or African American Pacific Islander White

Are you an International Student requiring a Study Visa?

YES NO

If you answered 'Yes,' will you be in the U.S. alone or with a spouse and/or dependents?

Alone Spouse Dependent (s)

International Students ONLY

Provide your TOEFL or TOEIC score or – if you do not have your score – please write your level of English:

TOEFL

TOEIC

(Excellent, Good, Poor)

Any physical/mental impairments or disabilities the school should be aware of? YES NO If YES,

Please provide us with any ADA necessary accommodations or a Medical Clearance for the ability to participate in personal fitness related activities.

Signature

By signing my name below, I affirm that all the information provided in this document is factual.

_____ Date _____
Student Signature

_____ Date _____
Parent/Guardian (if student is under 18 years old)