

National Trichology Training Institute | 2023-2024

Complete the following information for the high school, colleges, and/or universities you have attended or are attending. You must request all transcripts be sent to the National Trichology Training Institute.

Name of High School _____

City _____ State _____ Date of Attendance _____ Date of Graduation _____

Name of College or University _____

City _____ State _____ Date of Attendance _____ Date of Graduation _____

ATTAINABLE OCCUPATION AND NEW CAREER

- Dermatologist Assistant (Practitioner or Coach)
- Trichology Clinic (Practitioner or Coach)
- Trichology Clinical Research and Development (Coach)
- Trichology Health and Wellness Instructor (Coach)
- Trichology Consultant (Practitioner or Coach)
- Trichologist Counselor Assistant in Oncology for Cancer Patients (with hair loss) (Practitioner)
- Trichology Instructor (Coach)
- Trichology Practitioner (Beauty License Required) (Practitioner)
- Practitioner
- Trichology Health & Wellness Coach
- Certified Trichologist

APPLICATION FEE

Non-Refundable and Non-Transferrable \$99.00 Application Fee

Upon receipt of this application and your application fee we will send confirmation of your registration, including information regarding orientation, tuition, and textbooks required for class.

Payment Type:

- A check for my application fee is enclosed; made payable to NTTI
- Zelle Account
 - **NTTI Account: info@nttiusaga.com**
 - Student Phone: _____
 - Student Email: _____
- A money order for my application fee is enclosed; *made payable to NTTI*
- Charge my application fee to: Visa Master Card American Express Discover

Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

Card Number _____ Expiration Date _____ CVC Code _____

Enrollment at the National Trichology Training Institute signifies your willingness to conduct yourself in accordance with high standards of personal behavior consistent with the Code of Conduct and to adhere to the academic policies and other regulations in the Student Catalog. By completing this application, you certify that the above information is accurate and honestly presented.

Student Signature _____ **Date** _____