Application for Registration Date Enrollment Year **Enrollment Status** ☐ First Year ☐ Re-entry **Course** Trichology Healthcare ☐ Trichology Instructor Cranial Prosthetic ☐ Barberology Healthcare ☐ Phlebotomy PERSONAL INFORMATION Last Name First Name Middle Name Personal Mailing Address Apt# City State Zip Home Phone Cell Phone **Email Address** Business Name Title **Gender** ☐ Female ☐ Male Are you a U.S. Citizen? \square Yes \square No Hispanic ☐ Native American ☐ Asian/Pacific Isle ☐ Other

EDUCATIONAL INFORMATION

Students must be at least 18 years of age and submit an official high school transcript, official GED scores, or college transcripts if previously attended another college. Official transcripts must have the institution's seal and must be presented in an unopened official envelope from the sending institution. It is the student's responsibility to obtain their transcripts. Transcripts must be delivered or mailed 14 days before start date of class to:

National Trichology Training Institute, 242 Stockbridge Road, Suite 7, Jonesboro, Georgia, 30236

Prerequisites and Student Registration Process

- Step 1 Submit the Application for Registration.
- Step 2 Submit the Student Contract.
- ✓ Step 3 Pass the Entrance Exam of at least 80%.
- Step 4 Complete the Orientation Process.

National Trichology Training Institute | 2023-2024

ity.	Name of High School			
y	State	Date of Attendance	Date of Graduation	
Name of College or University				
City	State	Date of Attendance	Date of Graduation	
TTAINABLE OCCUPATION • Dermatologist Assistant (Practitioner or Coa			
 Trichology Clinic (Practit Trichology Clinical Resea Trichology Health and W 	arch and Developm			
Trichology Consultant (Page 1)	ractitioner or Coac ssistant in Oncolog		ir loss) (Practitioner)	
 Trichology Practitioner (Fig. 1) Practitioner Trichology Health & Wel 	Beauty License Rec	quired) (Practitioner)		
Certified Trichologist	mess Coach			
APPLICATION FEE Non-Refundable and Non-Trans	fannahla 600 00 A	nnligation Ess		
Jpon receipt of this application an aformation regarding orientation,	d your application	fee we will send confirmation	of your registration, including	
ayment Type: A check for my application	on fee is enclosed;	made payable to NTTI		
Zelle Account o NTTI Account: o Student Phone:	info@nttiusaga.c	om		
 Student Email: A money order for my ap Charge my application fee 	plication fee is enc	losed; <i>made payable to NTTI</i>		
Name on Card				
vaine on Caru				
Billing Address	City		State Zip	
Card Number		Expiration Date	CVC Code	