



Application for Admission

Requested Start Date: _____
 Select Program: eLearning ___ Traditional ___
 325 hours ___ 450 hours ___ 600 hours ___

Personal Information

Name (Last, First, Middle) _____
 Preferred name _____ Other names used: _____
 Home address _____ City _____ State _____ Zip _____
 Phone number (____) _____ Cell Phone number (____) _____
 E-mail address _____ Social Security # _____
 Date of birth (mo/day/yr) ____/____/____ Age: ____ Gender: Male ___ Female ___
 First language, if other than English _____

Educational Data (List most recent first, attach additional sheets if needed).

Name of School with City and State	Date of Graduation	Degree, Certificate, or Diploma Earned & Major

Are you requesting to be evaluated for transfer credit potential? If yes, please list the schools you have attached transcripts for. If no, skip this question.

Briefly describe any extracurricular or personal activities or interests you enjoy. How would your friends or family describe you?

Do you plan to open your own practice after completing your training? If yes, where? If not, what are your career plans? _____

Have you ever been terminated from a position as a disciplinary action or been convicted of a crime? If yes, attach a statement explaining your response to this application. Yes___ No ___

Work History (List most recently held position first. You may also attach a resume.)

Employer	Dates of Employment	Position Held	Reason for Leaving

STATEMENT OF NON-DISCRIMINATION

It is the policy of RREI not to discriminate against students, applicants for admission, or employees on the basis of sex, race, color, religion, national origin, ancestry, age, sexual orientation, or physical or mental disabilities unrelated to institutional jobs, programs or activities.



Application for Admission

Name of Applicant: _____

Background Check and References:

For security reasons, and to verify information you have reported in this application, please note we conduct a background check on all applicants.

Please provide the names and addresses of three individuals who are NOT related to you, at least one of which who has known you in a work-related capacity, who can speak to your character, academic skills, people skills, and work ethic. Rest assured that all the information you provide is kept in the strictest of confidence.

Name	Address	Phone Number	Relationship to You

Are you planning on applying for any grants? If yes, which one/s have you attached applications for?

We will provide your lab coat during your practical. What size lab coat would you wear?

Ladies please select from the following: Small (6-8) Medium (10-12) Large (12-14) XL (14-18)

Gentlemen choose: Small Medium Large Extra Large

What size medical grade gloves do you wear? _____

By my signature, I certify the information in this application is complete and correct to the best of my knowledge. I authorize River Rock Electrology Institute to conduct a background check and give permission to the Institute to obtain information from the references I provided or use other means to verify the information I have provided. I understand that falsifying information on this application is grounds for immediate dismissal. I understand that electrology is a field which requires excellent eyesight, eye-hand coordination, and first-rate fine motor skills. By signing this application I also am signifying I possess these skills enabling me to be successful in the physical aspects of the career.

Signature _____ Date _____

Be sure to include your \$25 Application and Enrollment Package Fee as well as any transcripts you wish us to consider for transfer credit. Mail this form and your fee to: River Rock Electrology Institute Inc., 2523 West Folsom St., Eau Claire, WI 54703.

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