



**Basali' Dermal Institute**

Application for Enrollment

**Personal Information**

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(last, first, middle initial)

Address: \_\_\_\_\_  
(street, city/state, zip code)

Phone: (     ) \_\_\_\_\_ (     ) \_\_\_\_\_  
(Home) (Mobile)

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**Educational Background**

G.E.D.    Yes                      No

High school \_\_\_\_\_ Graduate?

College \_\_\_\_\_ Graduate?

Vocational/Technical \_\_\_\_\_ Graduate?

**Employment** (Please only list current employer.)

Employer's name \_\_\_\_\_ Position \_\_\_\_\_

Summary of responsibilities \_\_\_\_\_  
\_\_\_\_\_

Dates of employment (to and from) \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Please list any hobbies and/or organizations that you currently belong to.

\_\_\_\_\_  
\_\_\_\_\_

Do you plan on working while attending school?    Yes                      No

What is your financial plan for school?

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Please check your uniform top size

S      M      L      XL      XXL

How did you hear about Basali' Dermal Institute? \_\_\_\_\_

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Date you completed your informational tour of the Basali' Dermal Institute: \_\_\_\_\_

Name of the Basali' Dermal Institute admissions representative you met with:

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I have not taken my tour of the Institute      Today's Date: \_\_\_\_\_

Please include the following enrollment requirements with your application.

- This completed admissions application form
- A \$50 non-refundable registration fee
- Prompt your high school to mail or fax an official copy of your high school transcripts or GED
- Letter of intent – describing your professional career goals
- Letter of recommendation from a business professional

Enrollment requirements can be faxed or mailed to:

Basali' Dermal Institute  
Attn: Admissions Department  
6330 West North Avenue  
Wauwatosa, WI 53213  
Fax: (414) 456-1901

Thank you for your interest in Basali' Dermal Institute