

# APPLICATION FOR ADMISSION

Computer Career Programs



Mail/Fax Application to:

ACTT Admissions Office  
400 Crown Colony Drive, Suite 18  
Quincy, MA 02169  
Phone: 617-472-ACTT (2288)  
Fax: 617-328-1479

Training Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: 11/5/01

**1. Application Procedures:** As part of the ACTT application process, a personal meeting is mandatory. Submit completed application and resume to Advanced Centers for Technology & Training.

How did you hear about ACTT? \_\_\_\_\_

How did you reach ACTT? (Phone, email, etc.) \_\_\_\_\_

**2. Program:** Please indicate the certificate or program/course to which you are applying:

☒ MCSE 2000: Microsoft Certified Systems Engineer: Four required and three electives

Required	Elective (Choose 1)	Electives (Choose 2)
Windows Professional	<input type="checkbox"/> Design of Network Service	<input type="checkbox"/> Exchange 5.5
Windows Server	<input type="checkbox"/> Designing Network Infrastructure	<input type="checkbox"/> Proxy 2.0
Network Infrastructure		<input type="checkbox"/> _____
Active Directory		

☐ MCP: Microsoft Certified Professional:

- ☐ Windows Professional
- ☐ Active Directory

- ☐ Windows Server
- ☐ Network Infrastructure

☐ CNA and Server Plus:

☐ Novell Server

☐ Microsoft Server

☐ A+ Certification

☐ I Net Plus

☐ Network Plus

☐ Cisco

☐ Mous

☐ Other

3. **Program Location & Time:** Please indicate the program location and time to which you are applying:

☒ Quincy      ☐ \_\_\_\_\_      ☐ Days      ☒ Nights      ☐ Weekends

4. **Program Enrollment Date:** 11/5/01

5. **Personal Information:**

Name: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Veteran ☐ Yes ☒ No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail (home): \_\_\_\_\_ E-mail (work): \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

6. **Academic Record:**

Please check one:      ☐ HS Diploma      ☐ AS      ☒ BA/BS  
                                 ☐ MA/MS/MBA      ☐ PHD      ☐ Certificate

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

College (undergraduate/graduate): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree(s) Received: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Major: \_\_\_\_\_

Technical Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Certification: \_\_\_\_\_

7. **Employment History:** Are you currently employed? ☐ Yes ☒ No      Resume? ☒ Yes ☐ No

Please list your most current and past work experiences:

1. Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Pay Rate/Salary: \_\_\_\_\_

2. Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Pay Rate/Salary: \_\_\_\_\_

**8. Background:** (This is not an assessment of your skills, but a methodology to assist us in developing your particular training program.)

Do you have a PC at home? ☒ Yes ☐ No What type? \_\_\_\_\_

Do you set it up and install applications/OS yourself? ☐ Yes ☒ No

Do you trouble shoot/ support your PC problems? ☒ Yes ☐ No

Software/Hardware Languages: List types and level of knowledge:

	Novice	Average	Above Average
Type: <u>WIN ME</u> Level: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type: _____ Level: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type: _____ Level: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why are you selecting this particular program? What do you hope to accomplish with this training?

\* MCSE CERT - FURTHER CAREER

What do you consider your strengths for successfully completing the program?

COMPUTER INDUSTRY FOR OVER 5+

Is there any additional information you would like to provide?

[REDACTED]

9. Do you have internet access at home? ☒ Yes ☐ No

10. Will you be participating in Job Search Assistance? ☒ Yes ☐ No

11. **Personal Information:** (optional) In order to assist us in serving the needs of students now and in the future, please assist us by providing the following information:

Please check the level of your household income:

☒ \$0 - \$20,000 ☒ \$21,000 - \$30,000 ☒ \$31,000 - \$40,000 ☒ \$41,000 - \$50,000

☒ \$51,000 - \$60,000 ☒ \$61,000 - \$70,000 ☒ \$70,000 - over

Please check: Where did you see information about ACTT?

☐ Boston Globe ☐ Boston Herald ☐ Patriot Ledger ☐ Radio ☒ Other

Do you read a local paper? ☒ Yes ☐ No

Name: BOSTON GLOBE Town: \_\_\_\_\_

Please list the magazines you read regularly: \_\_\_\_\_

Please list the web sites you visit regularly: \_\_\_\_\_

What radio stations do you listen to? \_\_\_\_\_

Marital Status: ☒ Single ☐ Married ☐ Divorced ☐ Widowed

Sex: ☒ Male ☐ Female

13. Tuition Cost: \$ \_\_\_\_\_

Tuition Fee: \$ \_\_\_\_\_

Payment Plan/Form of Payment: \_\_\_\_\_  
Deposit: \$ 14950 Personal Check: \_\_\_\_\_  
Balance Due: \$ 0 Balance Due By: \_\_\_\_\_  
Financing Company: SLM

**14. Refund Policy: (as per M.G.L. c.255 13K)**

- A. You may terminate this agreement at any time.
- B. If you terminate this agreement within five days you will receive a refund of all monies paid for tuition cost, provided, however that you have not commenced the program.
- C. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph G.
- D. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy five percent of the tuition, less the actual reasonable administrative costs described in paragraph G.
- E. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph G.
- F. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty five percent of the tuition, less the actual reasonable administrative costs described in paragraph G.
- G. If you terminate this agreement after the initial five day period, you will be responsible for the actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, which ever is less.
- H. If you terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.
- I. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

I have read and understand the terms and conditions and refund policy of the school and understand my rights and obligations under this agreement. I have received a duplicate copy of this agreement including the refund policy.

Student's Signature: \_\_\_\_\_

Date: 11/5/01

Program/Course(s): \_\_\_\_\_

Enrollment Date: 11/5/01

School Official's Signature: \_\_\_\_\_

Date: 11/5/01

Advanced Centers for Technology and Training reserves the right to change policies and class schedules at any time without notice.