

Commonwealth Institute of Funeral Service

Founded 1936

Proudly Serving as a Non-Profit Institution for Higher Education

415 BARREN SPRINGS DRIVE ■ HOUSTON, TEXAS 77090 ■ TELEPHONE: 281-873-0262

Dr. Jason Altieri, President

APPLICATION FOR ADMISSION

Please print or type all requested information on both sides of this form

| | | |
|-----------------------------------|------------|---|
| _____ | | |
| Last Name | First Name | Middle Name |
| Maiden Name or Other Names: _____ | | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Current Address

| | | |
|---------------------------------|------------------|-------------------|
| Street Address / P.O. Box _____ | | Apt. Number _____ |
| City _____ | State _____ | Zip Code _____ |
| () _____ | () _____ | () _____ |
| Home Phone _____ | Cell Phone _____ | Work Phone _____ |
| Email Address: _____ | | |

Permanent Address (If Different From Above)

| | | |
|---------------------------------|-------------|-------------------|
| Street Address / P.O. Box _____ | | Apt. Number _____ |
| City _____ | State _____ | Zip Code _____ |

In Case of Emergency, Whom Should We Contact

| | | |
|-------------|---------------------|--------------|
| Name: _____ | Relationship: _____ | Phone: _____ |
|-------------|---------------------|--------------|

Program In Which You Wish To Enroll (Check One)

(Please Review College Catalog For Details On Each Program)

| | |
|---|---|
| <input type="checkbox"/> Associate of Applied Science - On Campus (ABFSE Accredited Program) | <input type="checkbox"/> Certificate in Funeral Directing - On Campus |
| <input type="checkbox"/> Associate of Applied Science - Online (ABFSE Accredited Program) | <input type="checkbox"/> Certificate in Funeral Directing - Online |

Term In Which You Plan To Enroll

| | | | |
|---------------|---------------|-------------|---------------|
| Spring 20____ | Summer 20____ | Fall 20____ | Winter 20____ |
|---------------|---------------|-------------|---------------|

Intent

Licensure requirements for the practice of funeral directing and embalming are established by each state and the requirements vary widely. Be sure to check with the licensing authority in the state(s) in which you intend to practice to ensure that you have met the prerequisites for licensure. Your studies at or graduation from, Commonwealth Institute of Funeral Service may not be accepted as qualifying you for licensure in all states.

Which State do you plan to seek licensure to practice funeral directing and/or embalming? _____ (Please list only one state)

Student Certification

If accepted for enrollment at Commonwealth Institute of Funeral Service, I agree to comply with all of the rules and regulations of Commonwealth Institute and agree to hold Commonwealth Institute and their agents harmless from enforcing Commonwealth Institute's rules, regulations and policies.

The undersigned applicant does release, and by these presents does release, acquit, discharge and forever hold harmless Commonwealth Institute, its agents, employees, representatives, insurers, officers, attorneys, and all other persons, firms, corporations, and entities from any injury (including exposure to infectious diseases), liability, responsibility, claims, causes, or right of action, of whatsoever kind, nature, or character, in contract or in tort, which have or may accrue to them or their heirs, successors, representatives, or assigns, of account of, arising out of, or by reason of the undersigned applicant participating in the course of study by, through, or under Commonwealth Institute. In executing this release, the undersigned applicant is relying solely and completely upon his/her own judgment, he/she does so of his/her own free will and accord, without threat, duress, or compulsions being directed against him/her. The undersigned acknowledges that this Release is a Full, Final and Complete Release. The undersigned applicant warrants that he/she has read this Release and fully understands it to be a release of all claims, known or unknown, present or future, that he/she may have against Commonwealth Institute, its agents, employees, representatives, insurers, officers, attorneys, and all other persons, firms corporations, entities, or other parties in interest released hereto arising out of the matter described herein.

The undersigned applicant hereby represents that he/she is over the age of eighteen (18), of sound mind, literate in the English language, and otherwise fully competent to execute this Release in all aspects.

I certify that all information contained in this application is true, complete, and correct.

Signature of Student

Date

The following information is requested and will not be used for unlawful purposes.

| | | | | | |
|--|--------------------------|---------------------------|---------------|-----|------|
| Social Security Number | Sex | Age | Date of Birth | | |
| | ____ Female ____ Male | | Month | Day | Year |
| Country of Citizenship: _____ | | State of Residence: _____ | | | |
| Ethnic Background | | | | | |
| <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian/Pacific Islander | | | | | |
| Marital Status | | | | | |
| <input type="checkbox"/> Never Been Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed | | | | | |
| Name, Address & Phone of Funeral Home With Which You are Associated, if applicable: | | | | | |

Commonwealth Institute of Funeral Service provides equal educational opportunities without regard to race, creed, color, sex, age, handicap or national ethnic origin.

To apply for admissions students are encouraged to submit all application materials no less than two months prior to anticipated enrollment. To apply for admission:

1. Complete an application for admission/record of previous education and training and forward it to Commonwealth Institute. Enclose the \$50 application fee. *This \$50 fee will be refunded to the potential student if notification in writing is received by Commonwealth Institute within 72 hours (three business days) after this agreement has been signed by the prospective student resulting in voiding their application for admission.*
2. Contact your high school for **official** transcript; or state agency granting your G.E.D. to obtain official certificate & transcript; **EACH** vocational or technical school; college and university previously attended and request an **official** transcript be sent directly to Commonwealth Institute if you plan to transfer credit.
3. If your name has been changed from that appearing on your birth certificate, submit a copy of the legal document showing every name change. (i.e. marriage license, divorce decree, etc.)
4. VA students must submit their DD-214 and service transcripts 2 months prior to enrollment.
5. **If you have been convicted of a felony of any kind, or misdemeanor relating to Funeral Service see catalog.**

See admissions section in catalogue for additional information.

After Commonwealth Institute has received the completed application, fee, and all required supporting documents, the admission committee reviews the application and will notify the applicant of its decision. Once a student has been accepted for admission an acceptance letter will be sent to the student. Students are invited to visit Commonwealth Institute to tour facilities, meet with the registrar, and discuss their admission status at any time. Once the application fee has been received, financial aid information will be sent to the prospective student.

Record of Previous Education and Training

Texas Workforce Commission – Career Schools and Colleges

School Name: Commonwealth Institute of Funeral Service

Authority for Data Collection: *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

Planned Use of the Data: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

Instructions: Complete each item on front and back. If an item is not applicable, write "NA." If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school's evaluation of the student's skills. Attach additional pages as needed. The completed form is to be maintained in each student's file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

Student Information

| | | |
|--|------------|---|
| Name: _____ | SSN: _____ | Date of Birth (mm/dd/yy): _____ |
| Name of Program: <input type="checkbox"/> Associate of Applied Science | | <input type="checkbox"/> Certificate in F.D. |
| Secondary Education: <input checked="" type="checkbox"/> High School Diploma | | <input checked="" type="checkbox"/> Home Schooled <input checked="" type="checkbox"/> GED |

Post-secondary Education

| Type of School | Name and Location of School | Dates Attended | | | | Graduated | | Type of Diploma/ Degree | Major Field of Study |
|-------------------------------|-----------------------------|----------------|----|----------|----|--------------------------|--------------------------|----------------------------|----------------------|
| | | From MO | YR | To MO | YR | YES | NO | | |
| College or University | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Technical or Vocational | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

Student Certification

I certify that all the above information is true and complete.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

FOR SCHOOL USE ONLY

| |
|---------------------------------|
| Entrance Test: _____ (Score) |
| _____ (Name and Version) |

School Evaluation of Previous Education and Training

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

| Subject | Course Time * Hours of Credit | Justification of Credit |
|---------|----------------------------------|-------------------------|
| | | |
| | | |
| | | |

Credit / Price Adjustments

| | | Tuition | Other | Total |
|-------------------------------------|---------------------|------------|------------|------------|
| Original Program Length: _____ Hrs* | Original Cost | \$ _____ | \$ _____ | \$ _____ |
| Less Credit Granted _____ Hrs* | Less Credit Granted | (\$ _____) | (\$ _____) | (\$ _____) |
| Adjusted Program Length _____ Hrs* | Adjusted Cost | \$ _____ | \$ _____ | \$ _____ |

*Course Time

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

(Signature of Authorized School Official)

(Printed Name)

Date (mm/dd/yy)

Student Acknowledgment *Do not sign below unless the information above is complete and signed by the school official.*

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I will receive the above stated credit, or
- I will not receive credit.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

* **Course Time** (actual hours): the total hours of time experienced by the student in the course for all types of course time, including classroom, lab and externship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours varies by school and program, but typically, 100 course time hours is equivalent to about a month of full time school.

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.