



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
Glenn A. Bower, CFSP, President

APPLICATION FOR ADMISSION

New ___ Re-Enrollment ___

Please print or type all requested information on this form

Last Name First Name Middle Name

Maiden Name or Other Names

Current Address

Street Address / PO Box Apt. Number

City State Zip Code

Home Phone Cell Phone Work Phone

Email Address

Permanent Address (If Different From Above)

Street Address / PO 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)

Associate of Applied Science
(ABFSE Accredited Program)

Certificate in Funeral Directing

On Campus: _____ Online: _____

On Campus: _____ Online: _____

Term In Which You Plan To Enroll

Spring 20__

Summer 20__

Fall 20__

Winter 20__

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

Social Security Number: _____ Sex: Female _____ Male _____ Date of Birth _____

Country of Citizenship: _____ State of Residence: _____

Ethnic Background

African American Caucasian Hispanic American American Indian Asian American Native Hawaiian/Pacific Islander

Marital Status

Never Been Married Married Divorced Separated Common Law 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.

Students are encouraged to submit all application materials no less than **four months prior** to anticipated enrollment. To apply for admission:

- Complete an **Application for Admission** and Record of Previous Education and Training (CSC-010) and forward it to Commonwealth Institute of Funeral Service. **Enclose the \$50 non-refundable application fee.**
- Immunization form and Hepatitis B vaccination form are required to be completed and returned with the completed Application for Admission.

- Official high school transcripts, or state agency granted G.E.D. must be sent to Commonwealth Institute for admission processing. All transcripts of previously attended vocation/technical school, college or university must also be provided. All potentially transferable courses will also require official transcripts. Transcripts can be either hand carried or mailed to Commonwealth Institute as long as they are official from the institute, in a sealed, marked envelope and the transcripts bear the institution's seal and official signature. Only official transcripts will be used in the application for admission process; all others will be discarded.
- If your name has 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.).
- VA students must submit their DD-214 and service transcripts **four months prior** to enrollment.

If you have been convicted of a felony of any kind, or misdemeanor relating to Funeral Service, see catalog. See Admission section in the catalog for additional information.

After Commonwealth Institute has received the completed application, application fee and all required supporting documents, the admission committee reviews the application and will notify the applicant if an entrance exam is required. Once a student has been accepted for admission, an acceptance letter will be mailed to them. Students are invited to visit Commonwealth Institute to tour facilities, meet with the admission specialist 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.

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 in that state.

Please list the primary state you plan to seek licensure to practice funeral directing and/or embalming? _____

List any secondary state you may wish to practice funeral directing and/or embalming?

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 at least 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

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: _____		
Secondary Education: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Home Schooled <input 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		To		YES	NO		
		MO	YR	MO	YR	<input type="checkbox"/>	<input type="checkbox"/>		
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)
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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

		<u>Tuition</u>		<u>Other</u>	<u>Total</u>
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.