



UNDERGRADUATE APPLICATION FOR ADMISSION

PROGRAM INTERESTS

PROGRAM INTEREST	LAB SHIFT PREFERENCE – (CHECK MOST PREFERRED TO LEAST PREFERRED)	ACADEMICS	EXPECTED START
<input type="checkbox"/> Cuisine <input type="checkbox"/> Baking & Pastry <input type="checkbox"/> HRM	#1 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening #2 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening #3 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Day (8a-5p) <input type="checkbox"/> Evening (5p-10p)	
DIPLOMAS		ASSOCIATE OF APPLIED SCIENCE DEGREES	
<input type="checkbox"/> Elite Diplôme de Cuisine – 50 Weeks <input type="checkbox"/> Elite Diplôme de Pâtisserie – 50 Weeks <input type="checkbox"/> Elite Diplôme in Culinary Arts – 60 Weeks <input type="checkbox"/> Elite Diplôme in Baking & Pastry – 60 Weeks		<input type="checkbox"/> AAS Degree in Culinary Arts <input type="checkbox"/> AAS Degree in Baking & Pastry Arts <input type="checkbox"/> AAS Degree in Hospitality & Restaurant Management	

PERSONAL DATA

TITLE	LAST NAME	FIRST NAME	MIDDLE	SUFFIX
NICKNAME		MAIDEN NAME		DATE OF BIRTH (mm/dd/yyyy)
ADDRESS				
CITY	STATE	ZIP	COUNTRY	
HOME PHONE	WORK PHONE	EXTENSION	OTHER PHONE	EXTENSION
COUNTY	EMAIL	OTHER EMAIL	SOCIAL SECURITY * (See Statement Below)	
DRIVERS LICENSE #	DL STATE	HAVE YOU EVER BEEN CONVICTED OF A FELONY? (IF YES, EXPLAIN)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

DEMOGRAPHICS

Providing this information will not adversely affect your admission at the Culinary Institute LeNôtre®. It's needed for the Institute's IPEDS report to the Department of Education only.

ETHNICITY: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Not Specified _____	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
CITIZENSHIP: <input type="checkbox"/> U.S. <input type="checkbox"/> U.S Permanent Resident <input type="checkbox"/> Other (specify country) _____	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated
	VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of months or years served: _____

EDUCATION

HIGH SCHOOL NAME	HIGH SCHOOL ADDRESS				
GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	GRADUATED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	GRAD DATE	
COLLEGE/VOCATIONAL SCHOOL	COLLEGE/VOCATIONAL SCHOOL ADDRESS				
GRADUATED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF DEGREE/VOCATION		GRAD DATE	

EMERGENCY CONTACT INFORMATION

Emergency Contact(s)

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

MEDICAL INFORMATION

Your instructor needs this information to better accommodate your learning needs. Any information you provide will be used only by the appropriate office and will not prejudice your application. You are not required to disclose a disability to the Admission Office.

Do you have any contagious illness OR previous injuries? Yes No If, yes please explain.

Do you have any impairment(s) that limit your participation in the Culinary Institute LeNôtre hands on kitchen lab course of instruction?
 Yes No If yes, please explain.

FINANCIAL AID

I am applying for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in default on a federal student loan? <input type="checkbox"/> Yes <input type="checkbox"/> No I am applying for Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	International Student Will you need assistance for M1 VISA (Diploma Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you need assistance for F1 VISA (AAS Degree)? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

HOW DID YOU HEAR ABOUT US?

How did you FIRST hear about us? _____

Give us two (2) reasons why you are applying and choosing the Culinary Institute LeNôtre.

1. _____
2. _____

Did you attend a special presentation at the Culinary Institute LeNôtre? Yes No

Did you visit the Culinary Institute LeNôtre at any time before applying for admission? Yes No

Do you have any obligations that keep you from participating in extracurricular activities? Yes No

FOR OFFICE USE ONLY

STUDENT #	PIN	LEAD SOURCE	LEAD DATE	LEAD TYPE	LEAD CHANNEL
ORIGINAL START DATE		CURRENT LDA	DATA BLOCK INDICATOR		DBI DATE
START DATE	SHIFT	GRADUATION DATE	COMMENTS		
	<input type="checkbox"/> Day <input type="checkbox"/> Night				

I declare that the information and documents submitted in conjunction with this application are true, correct, and complete to the best of my knowledge and belief. I understand that it is my responsibility to notify The **Culinary Institute LeNôtre** of any subsequent changes regarding the information provided in my application. Misrepresentation in any application material may result in non-acceptance or termination of my enrollment. The **Culinary Institute LeNôtre** has my permission to verify the information given on the application. If I enroll at The **Culinary Institute LeNôtre**, I agree that I will satisfy all financial obligations incurred by me and comply with and uphold the policies, rules, and regulations of the institute. I authorize The **Culinary Institute LeNôtre** to publish for public relations my photograph or photographs in with I appear.

Applicant's Signature _____ Parent or Guardian Signature (for minor 17 or under) _____ Date _____

TO BE CONSIDERED, YOUR APPLICATION MUST BE SUBMITTED WITH THE FOLLOWING: (1) Interview with an Admissions Advisor; **(2)** Completed Application for Admission form; **(3)** Application fee (\$50); **(4)** Signed Program price List; **(5)** Copy of a High School Diploma, GED or College Transcript; **(6)** Entrance Essay.

Culinary Institute LeNôtre®
 7070 Allensby Street • Houston, TX 77022-4322
 713-692-0077 or 888-LENOTRE (536-6873) • Fax: 713-692-7399 • Email: admissions@ciaml.com
 Visit our Website at www.culinaryinstitute.edu
 Not Affiliated with LeNôtre Paris