



AMERICAN COLLEGE OF HYPNOTHERAPY

CAMPUS LOCATION

2200 Veterans Memorial Boulevard · Kenner, LA 70062 · (504) 468-2900

APPLICATION FOR ADMISSION AND ENROLLMENT

PERSONAL DATA

Name (Last/First/Middle) _____ Date _____

Address _____ Social Security Number _____

City _____ State _____ Zip _____ Place of Birth _____

If we had to contact you by telephone, what is the best time, and at what numbers? Home () Business ()

Present Employer _____ Position _____

Address _____ City/State _____ Zip _____

What is the specific Diploma Program for which you are making application? Hypnotist () Hypnotherapist ()

FORMAL EDUCATION

High School _____ City/State _____ Graduation Date _____

College/University Name City and State	Attendance		Major	Degree or No. of Credits	Other Awards	Number of Months Attended	ACH Use
	From	To					

HYPNOSIS COURSES TAKEN (IF ANY)

Name of School _____

Address _____ State _____

Name of School _____

Address _____ State _____

EXTENSION/HOME STUDY COURSES

My interest in Hypnosis is (Future plans) _____

I have (or have read) the following Hypnosis textbooks _____

I have taken the following courses (), or read the following textbooks (), in Psychology and in Counseling:

COURSES

AT

TEXTBOOKS

AUTHOR

I hereby make application for admission to American College of Hypnotherapy.

All fees and tuition must be paid in full prior to graduation. I understand that a diploma cannot be awarded until all my financial obligations have been completed or otherwise cleared with the Registrar.

Applicant's Signature

Date

For School Use Only

Recommended for Admission

Date

Accepted

Date

American College of Hypnotherapy

ADMINISTRATIVE OFFICES/MAIN CAMPUS

2200 Veterans Memorial Boulevard · Kenner, LA 70062 · (504) 468-2900