



American Certification Institute

ADMISSIONS OFFICE

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Admission Application

ACI 认证申请表

INSTRUCTIONS 说明

Please provide the information requested. You may submit this application by email or by fax. Admission is granted without regard to race, gender, handicap or nationality.

Last Name 姓 _____ First Name 名 _____ Sex 性别: Male 男 Female 女

Address 住址 _____ E-Mail _____

Home Phone 宅电 _____ Work phone 工作电话 _____ Fax No. 传真 _____

Birthplace 出生地 _____ Birth Date 出生日期: _____ Month 月 _____ Day 日 _____ Year 年

Planned Program Start Date 项目计划开学日期: _____

Objective 所学项目: CQP CMM CIPN Other (Name): _____

EDUCATIONAL INSTITUTIONS ATTENDED 教育背景

List in order, (first to last) all educational institutions you have attended or are now attending. Begin with Senior high, College or University, give exact dates of attendance, and the name of each degree/ diploma/certificate awarded. 请按照先后时间顺序详细填写 (只包括高中、大专、大学及以上教育背景)。

| Name of Institution 学校名称 | City & Country 所在城市 | Dates of Attendance 上学时间 从 From To 到 | Name of Certificate or Degree Awarded 所获证书 |
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I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize the verification of all statements herein recorded by American Certification Institute in processing my application. 我确认以上表中所填信息准确、真实并在此授权美国认证协会对以上信息进行核实。

Applicant's Signature 申请人签名: _____ Date Signed 日期: _____