



**PRE-ENROLLMENT RECEIPT OF INFORMATION**

**PRE-ENROLLMENT CHECKLIST**

Student Name:	Cell Phone:
Email:	Social Media ID:
Address:	
Program:	Start Date:

I have received written information concerning the following topics prior to signing my enrollment agreement:

<input type="checkbox"/>	<b>School Catalog</b>
<input type="checkbox"/>	<b>Outcome Rates</b>
<input type="checkbox"/>	<b>Distance Education Policy (if applicable)</b>
<input type="checkbox"/>	<b>Certification or Licensure Requirements</b>
<input type="checkbox"/>	<b>State-required Information</b>
<input type="checkbox"/>	<b>Pre-Requisites for Employment</b>
<input type="checkbox"/>	<b>Satisfactory Academic Progress Policy</b>

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**Student Signature**

**Date**