

# Commonwealth Institute of Funeral Service

FOUNDED 1936 BY PROF. R. VICTOR LANDIG

415 BARREN SPRINGS DRIVE ■ HOUSTON, TEXAS 77090 ■ TELEPHONE: 281-873-0262

Mr. Jason Altieri  
President

## APPLICATION FOR ADMISSION

Please print or type all requested information on both sides of this form

_____ Mrs. Maiden Name: _____		
_____ Ms.		
_____ Mr.		
_____ Last Name	_____ First Name	_____ Middle Name

### Current Address

_____ Street Address / P.O. Box	_____ Apt. Number		
_____ City	_____ State	_____ Zip Code	_____ Daytime Phone
Access to Internet? Yes <input type="checkbox"/> No <input type="checkbox"/>	E-mail Address (optional): _____		

### Permanent Address (If Different From Above)

_____ Street Address / P.O. Box	_____ Apt. Number		
_____ City	_____ State	_____ Zip Code	_____ Daytime Phone

### In Case of Emergency, Whom Should We Contact

_____ Name	_____ Relationship	_____ Daytime Phone
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### Program In Which You Wish To Enroll (Check One)

(Please Review College Catalog For Details On Each Program)

Use the Information Below on Record of Previous Education and Training Section of Application

<input type="checkbox"/> Associate of Applied Science (ABFSE Accredited Program)	<input type="checkbox"/> Online Associate of Applied Science (ABFSE Accredited Program)
<input type="checkbox"/> Certificate in Funeral Directing	<input type="checkbox"/> Online Certificate in Funeral Directing

### Term In Which You Plan To Enroll

_____ Spring 20____	_____ Summer 20____	_____ Fall 20____	_____ Winter 20____
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## 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. Your studies at or graduation from, Commonwealth Institute of Funeral Service may not be accepted as qualifying you for licensure in all states.

Upon graduation from Commonwealth Institute of Funeral Service, I plan to seek licensure to practice funeral directing and/or embalming in the state of \_\_\_\_\_. (Please list only one state)

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 over 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 Applicant

\_\_\_\_\_  
Date

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

<b>Social Security Number</b>	<b>Sex</b> ____ Female ____ Male	<b>Age</b>	<b>Date of Birth</b>		
			Month	Day	Year
<b>Country of Citizenship:</b> _____		<b>State of Residence:</b> _____			
<b>Ethnic Background</b> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American					
<b>Marital Status</b> <input type="checkbox"/> Never Been Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed					
<b>Name, Address &amp; Phone No. of Funeral Home With Which You are Associated:</b>					

Commonwealth Institute of Funeral Service provides equal educational opportunities without regard to race, creed, color, sex, age, handicap or national ethnic origin.

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

1. Complete an application for admission/record of previous education and training and forward it to Commonwealth Institute. Enclose the \$50 application fee. *This \$50 fee will be refunded to the potential student if notification **in writing** is received by Commonwealth Institute within 72 hours (three business days) after this agreement has been signed by the prospective student.*
2. Contact your high school; or state agency granting your G.E.D. certificate & transcript; **EACH** vocational or technical school; college and university previously attended and request an **official** transcript be sent directly to Commonwealth Institute.
3. If your name has been changed from that appearing on your birth certificate, submit a copy of the legal document showing the name change. (i.e. marriage license, divorce decree, etc.)
4. **If you have been convicted of a felony of any kind, or misdemeanor relating to Funeral Service see catalog.**
5. **See admissions section in catalogue for additional information.**

After Commonwealth Institute has received the completed application, fee, and all required supporting documents, the admission committee reviews the application and will notify the applicant of its decision. Once a student has been accepted for admission an acceptance letter will be sent to the student. Students are invited to visit Commonwealth Institute to tour facilities, meet with the registrar, 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.



**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	Clock Hours of Credit	Justification of Credit
	Clock Hours	Official Transcript

**Credit / Price Adjustments**

			<u>Tuition</u>	<u>Other</u>	<u>Total</u>
Original Program Length: _____ Cl. Hrs	Original Cost		\$ _____	\$ _____	\$ _____
Less Credit Granted (_____) Cl. Hrs	Less Credit Granted		(\$ _____)	(\$ _____)	(\$ _____)
Adjusted Program Length _____ Cl. Hrs	Adjusted Cost		\$ _____	\$ _____	\$ _____

- 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- In Blue Ink)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**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- In Blue Ink)

\_\_\_\_\_  
(Printed Name of Student)

\_\_\_\_\_  
(Date)

Individuals may receive and review information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15<sup>th</sup> St., Rm. 266, Austin, TX 78778-0001.