



ADMISSIONS PACKET CHECKLIST

Students seeking to obtain a certification in one or more areas in Construction Trades, Automotive Technology, Culinary Arts, and Hotel & Restaurants Operations must seek admission by submitting the following:

- Student Admission Application Form
 - Application Fee – \$15.00
 - Registration Fee – \$50.00
 - Lab Fee – \$25.00

- NCCER Registration & Release Form (Required for enrollment in Construction Trades Program)

- Family Educational Right and Privacy Act (FERPA) Form

- Photo Release Form

- Waiver, Release of Liability, and Consent to Medical Attention

- Copy of Valid Photo Identification – U.S. Passport; Municipality ID; or CNMI Driver's License

- Copy of High School Diploma or transcript

- Insurance Form – \$9.00 (required) - provide copy of Birth Certificate

- If vaccinated, please provide copy of vaccination card



Northern Marianas Technical Institute

P.O. Box 504880 Saipan MP 96950

Tel. No.: (670) 235-6684

Applicant Information	
Full Name: (Last Name, first Name & Middle Initial) _____	Date of Birth (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Contact Information: Home Phone: _____ Mobile Phone: _____ Email: _____	Mailing Address: Village of Residence:
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-US <input type="checkbox"/> FSM Ethnicity: _____	Do you have any court records? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify reason of court record: _____

Education and Work History	
Highest Degree Obtained: <input type="checkbox"/> None <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Other: _____ Are you currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employer: _____ Position: _____ Hours: _____

Technical Institute Curriculum Preference – TOP CHOICE		
Choose 1 of the following as your top choice:		
<input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical <input type="checkbox"/> Welding <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Hotel & Restaurants Operations	<input type="checkbox"/> Masonry <input type="checkbox"/> HVAC <input type="checkbox"/> Automotive Technology <input type="checkbox"/> Electronic Systems Technician <input type="checkbox"/> Construction Craft Laborer	<input type="checkbox"/> Power Generation Maintenance Electrician

Technical Institute Curriculum Preference – SECOND CHOICE		
Choose 1 of the following as your second choice:		
<input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical <input type="checkbox"/> Welding <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Hotel & Restaurants Operations	<input type="checkbox"/> Masonry <input type="checkbox"/> HVAC <input type="checkbox"/> Automotive Technology <input type="checkbox"/> Electronic Systems Technician <input type="checkbox"/> Construction Craft Laborer	<input type="checkbox"/> Power Generation Maintenance Electrician



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Day Class & Night Class Preference

Choose a preferred time for class:

Morning (9:00AM-11:30AM) Day Class (3:00PM-5:30PM) Evening Class (6:00PM-8:30PM)

Emergency Contact

Emergency Contact 1:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact 1:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

CERTIFICATION

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification, or omission of information in this application or any document used to secure enrollment shall be grounds for rejection of this application, or immediate discharge if I am enrolled, regardless of the time elapsed before discovery.

Print Name: _____ Signature: _____ Date: _____

NOTICE OF NORTHERN MARIANAS TECHNICAL INSTITUTE STUDENT NON-DISCRIMINATORY POLICY

The Northern Marianas Technical Institute admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally afforded or made available to students at the Institute. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship programs, and other institute-administered programs.

FOR NMTI USE ONLY:

Date Received: _____ NMTI Staff: _____

Referral: NAP CLI WIOA OVR CWA DOL NMC KHS MHS SSHS

Other: _____

Missing Documents:

Notes:



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FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)

Notice to Students: This request form must be completed and renewed each fall, spring, and summer semester session if you do not wish NMTI to release directory information.

Student Name: _____
(Last Name, First Name and Middle Initial)

I understand that under the Family Education Rights & Privacy Act, NMTI may release the following Directory Information about me to other persons without my permission.

- Students Name
- Mailing Address
- Telephone Number
- Date and Place of Birth
- Dates of Attendance
- Certificate(s) Conferred
- Registration Status
- Field of Study

Release: Northern Marianas Technical Institute may release any or all information listed above without my expressed permission

No Release: Northern Marianas Technical Institute shall not release any or all of the information listed above without my expressed permission

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If student under 18 years of age)



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PHOTO RELEASE

The Northern Marianas Technical Institute (NMTI) in its continuous outreach efforts to capture a greater audience by means of active advertisements using television, print and social media requires your assistance by providing authorization for the use of photos and videos of you as a student throughout your educational experience while at the institute. By signing below, you are voluntarily assisting NMTI in its recruitment efforts. NMTI thanks you in advance for your support in increasing its overall visibility in the community!

I, _____ (Print Name), a student of the Northern Marianas Technical Institute, hereinafter referred to as NMTI, hereby authorize NMTI to use my likeness in a photograph in any, and all of its publications, including but not limited to all of NMTI's printed and digital publications. I understand and agree that any photo using my likeness will become the property of NMTI and will not be returned to me.

I acknowledge that since my participation with NMTI is voluntary, I will receive no financial compensation.

I, hereby irrevocably authorize NMTI to edit, alter, copy, exhibit, publish or distribute photos of my participation to NMTI functions for purposes of publicizing NMTI programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge NMTI from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have or may have any reason with this authorization.

I am at least 18 years of age and am competent to enter into a contract in my own name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release and give my authorization for the use of my likeness.

Student Name: _____ Student Signature: _____

Parent Signature: _____ Date: _____

(If student under 18 years of age)



WAIVER, RELEASE OF LIABILITY & CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in craft training programs (the "Program"), a program administered by the Northern Marianas Technical Institute (NMTI), I, and if I am not 18 years old yet, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by each of the following:

- 1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.
2. Identification of Risks. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property.
3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program.
4. Release and Waiver. I release NMTI and its trustees, officers, employees, agents, volunteers, successors, assigns and the owners of the facilities & equipment used in the Program from any and all liability for and waive any and all claims for injury, loss, or damage, including attorney's fees, in any way connected with my participation in the Program (a claim), whether or not cause in whole or in part by the negligence (but not the gross negligence) of NMTI or any of the individuals mentioned above.
5. Consent to Medical Treatment. I authorize NMTI to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services.
6. Publicity Release. I authorize NMTI to use my name, photo, materials produced for the Program or presentations in the Programs for NMTI materials including, but not limited to, educational resources, press releases, web-based publicity and other publicity materials.
7. Severability. Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law.
8. Applicable Law. This instrument shall be governed, construed, and enforced separately to the fullest extent permitted by law.

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THE ENTIRE WAIVER, RELEASE OF LIABILITY AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY AND CONSENT VOLUNTARILY.

Student (Print Name) Student Signature Date

If the above student is not 18 years of age, both parents or legal guardian(s) must complete the section the below: In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the named individual, I/We verify that I/We fully understand, agree to, and accept all provisions of this Waiver, Release of Liability and Consent to Medical Attention.

Parent/Legal Guardian: Print Name Signature Date

Parent/Legal Guardian: Print Name Signature Date



STUDENT ACCIDENT PLAN

Give Your Child the Protection They Deserve, At A Price You Can Afford

It's impossible to prevent all accidents from happening. Children and young people are extremely active and curious about their expanding world. Unfortunately, their energy often leads to accidental injury – even death. To ease the burden of these unfortunate events that do occur, we have developed the **STUDENT ACCIDENT PLAN**.

- **24 Hour Coverage – Only \$15 Per School Year or**
- **School-Time Coverage**
- **\$6,000 Death Benefit**
- **\$2,000 Medical Benefit**
- **\$1,000 Burial Benefit**


Only \$9
 Per School Year

Finally, in the event of an accident Moylan's has the **fastest and fairest claims department** around. Fill out the form at the bottom and **enroll your child today**.

MOYLAN'S GROUP STUDENT PERSONAL ACCIDENT APPLICATION

1. Name of Student		Date of Birth	Beneficiary
2. Name of School Northern Marianas Technical Institute		Address PO Box 504880, CK Saipan MP 96950	
3. Telephone No. (670) 235-6684/323-6600	Fax No. (670) 323-6684	E-mail admissions@nmtechcnmi.org	

4. Coverage Plan (Check One)

24-Hour Cover - \$15.00

Provides accident insurance protection 24 hours a day for one full year from the date of effectivity, anywhere in the world, in or out of school, including while flying as a passenger on commercial flights and unprovoked murder and assault.

School-Time Only - \$9.00

Provides accident insurance protection from the date of effectivity until the last day of the regular school year while traveling to and from school (maximum two hours either way), while attending classes on school premises, and while participating or attending as a spectator in any school-sponsored activity inside our outside school premises under the direct supervision of the proper school authority.

5. Benefits/Premium Schedule

- Accidental Death, Dismemberment, Loss of Sight, Hearing or Speech Indemnity **\$6,000.00 Principal Sum**
- Accident Medical Expense Benefit **\$2,000.00 Maximum Amount**
- Accident Burial Expense Benefit **\$1,000.00 Maximum Amount**

6. Policy Effective Date: (mm/dd/yyyy) _____ Date: _____ By: _____ 
Applicant's signature



Moylan's Insurance • Home of The Good Guys & Gals

General Agent for First Net Insurance Company

101 Agana Shopping Center • Hagatna, Guam 96910 USA • Tel. No. (671) 477-8613; Fax No. (671) 477-0672
P.O. Box 500658 Saipan, MP 96950 • Tel.: (670) 234-6442, 6571, 2489 • Fax: (670) 234-8641 • Email: saipan@moylans.net

Please cut and return to your school administrator or Moylan's Insurance