

A D M I S S I O N S A P P L I C A T I O N

MARITIME INSTITUTE OF TECHNOLOGY & GRADUATE STUDIES

Date: _____

Name: _____ Mariner Number: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip Code: _____ Telephone: _____

E-mail: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

Present License: _____ Issue: _____ Date: _____

Union Affiliation: IOMM&P None Other _____

COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Contact Person: _____

QUOTA REQUESTS

Course Convening Dates	Primary Course	Secondary Course

Note: Prospective License Advancement Program (LAP) students should submit a copy of their NMC approval letter.

HOTEL ACCOMMODATIONS

Room Reservation Required: _____ Smoking: _____ Guest Will Accompany: _____

Check-In Date: _____ Check-Out Date: _____

Other Accommodation Requirements: _____

ELIGIBILITY DATA (IOMM&P MATES PROGRAM TRUST STUDENTS ONLY)

For tuition-free training, Mates Trust students must first establish eligibility. Please attach a photocopy of your most recent discharge(s) showing a minimum of thirty (30) days of covered employment. Always list your last voyage first. If currently employed, list the date of shipment and the approximate date of discharge.

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Date From	Date To	Company	Vessel	Status	Rating

*Indicate One: P – Permanent S – Select OB – Off the Board

IOMM&P Membership Group:

Offshore Pilot United Inland Group Government
 Full Book Member Applicant

Have you applied for a pension? Yes No

Dues Paid To: _____ Back to Work Date: _____

Port Registered: _____

PAYMENT METHOD (ALL OTHER STUDENTS): **

Tuition: Invoice Company Pre Pay Pay at Check-In
 Amount: _____

Lodging: Invoice Company Pre Pay Pay at Check-In
 Amount: _____

Day Student: Invoice Company Pre Pay Pay at Check-In
 Amount: _____

To pre-pay with a credit card, please provide the following information:

Company Card Personal Card
 MasterCard Visa Diners Club American Express

Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card: _____

Billing Address (if different from previous page) _____

City, State, Zip Code: _____

"I certify that the above information is true and correct to the best of my knowledge. I understand that falsification, or deliberate omission, of this information may result in immediate dismissal from class without refund of tuition."

 Signature

** All charges must be paid on arrival or prepaid unless credit has been pre-approved. Companies and Associations that would like to establish an account should contact the MITAGS accounts receivable clerk at (443) 989-3243.

