

**Precision Manufacturing Institute**  
764 Bessemer Street, Suite 105  
Meadville, PA 16335  
Phone 814-333-2415 • Toll Free (877) 701-9204 • Fax 814-337-8172  
www.pmionline.edu

**Admissions Application and Registration Form**

For School Use Only: (If Applicable)

Entrance Exam Score: \_\_\_\_\_ Industry Student  Yes  No Student ID# \_\_\_\_\_

Please **PRINT** all information:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Work) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

Are you a United States citizen?  Yes  No Race (Optional): \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

If you were referred to PMI by a current/former PMI student as part of PMI's Student Referral Program, please provide his/her name here: \_\_\_\_\_

**Program(s): NOTE: Please identify below the Diploma or Certificate Program(s) in which you wish to enroll**

Industry Student: \_\_\_\_\_

**Diploma Programs:**

CNC Operator  Mechatronics Technology  Quality Control  
 CNC Machinist  Plastics Technology  Robotics Technology  
 Electric Arc Welding

**Employment Information:**

Employer Name (If Applicable): \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Occupation: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Educational Information:**

High School Name: \_\_\_\_\_ City & State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

GED  Yes  No Year Received: \_\_\_\_\_

College, Trade or Professional School: \_\_\_\_\_ City & State: \_\_\_\_\_

Major and Highest Degree Obtained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

The Precision Manufacturing Institute continues to commit resources and industry to Equal Opportunity and appropriate Affirmative Action. This is a commitment of the Board of Directors and Staff. This policy entails opposition to discrimination, on account of race, color, religion, ancestry, national origin, sex, age, non-job related disability, service in the Armed Forces, the Public Health Service, the Reserve, the Ready Reserve, and union or political affiliations. This policy also contains the institute's pledge to positive programs created by the Equal Opportunity Office to accelerate the process of Equal Opportunity and, where appropriate under any applicable law to take affirmative action on behalf of veterans of the Vietnam era, qualified special disabled veterans, and other qualified individuals with disabilities. The programs are in furtherance of Executive Order 11246, Order No. 4, the Guidelines on Discrimination because of sex and other applicable laws and regulations.

**Personal History:**

Have you attended classes at PMI before?:  Yes  No

If yes, which class(es)? \_\_\_\_\_

Are you interested in \_\_\_\_\_ Day or \_\_\_\_\_ Evening Classes?  Full-Time or  Part-Time

How did you hear about us? (Check all that apply)

Radio ( WUZZ  FROGGY)  Television ( WJET24  WSEE  CABLE  WICU12)  Referred

Newspaper ( Meadville Tribune  Erie Times)  High School Visit/Career or Job Fair  Other: \_\_\_\_\_

Are you a Veteran?  Yes  No If so, dates of service: \_\_\_\_\_

If you are a Veteran, are you eligible for Disabled Veteran benefits?  Yes or  No

Do you have any medical or physical conditions that PMI should be aware of?  Yes or  No

If yes, please explain: \_\_\_\_\_

Have you had any previous machine experience?  Yes or  No How Long?: \_\_\_\_\_

If yes, what kind of machine experience and how long? \_\_\_\_\_ Lathe \_\_\_\_\_ Mill \_\_\_\_\_ EDM

\_\_\_\_\_ Grinding \_\_\_\_\_ Other

Have you had any other educational or vocational training?  Yes or  No

If yes, Where?: \_\_\_\_\_ When?: \_\_\_\_\_ What Kind?: \_\_\_\_\_

Can you provide an official transcript (if needed)?  Yes or  No

**Certification:**

I certify that the information on this application/registration form is complete and accurate in every respect. I understand that falsifying any part of this application may result in cancellation of registration and/or non-payment of tuition and criminal penalty. I also authorize *Precision Manufacturing Institute* to receive information from providing institution(s) regarding my transcripts/grades and/or any financial aid awarded to me which is relative to the program(s) for which I am registering with this form. Any person(s) taking classes at the *Precision Manufacturing Institute* must be aware that the following information is required with certain funding sources and that a follow-up phone call and/or mail circulation will be conducted asking you the following:

- Immediately advise PMI when you become employed and where you are employed at the end of your class. (If you are already working, please submit the name of your company and rate of pay to PMI).
- Upon becoming employed, immediately submit your starting rate of pay to PMI
- Advise PMI of your rate of pay six (6) months after your class has ended.
- Advise PMI of your rate of pay twelve (12) months after your class has ended.
- Advise PMI of your rate of pay eighteen (18) months after your class has ended.

It will be your responsibility, as the student, to update PMI on all of the above information in the time frame that is required. You may call (814) 333-2415 or (877) 701-9204 toll free, fax (814) 337-8172 or e-mail ([dcraven@pmionline.edu](mailto:dcraven@pmionline.edu)) to give an update. You will need to state your name, the class, the dates you attended and all current information pertaining to you.

(x)Applicant/Student Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

As an authorized representative of *Precision Manufacturing Institute*, I certify that I have interviewed the applicant/student and have not made any verbal promises or statements which are contrary to the Enrollment Agreement or Contractual Agreement.

PMI School Representative: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_