

**O.P.M.I. BUSINESS SCHOOL, INC.**116 JOHN STREET SUITE 200 (2ND FLOOR) NEW YORK, NY 10038

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E-MAIL: info@opmi.edu / WEBSITE: www.opmi.edu**- REGISTRATION FORM FOR FOREIGN APPLICANTS -**

LAST NAME, FIRST NAME M.I.

STREET ADDRESS

CITY / STATE OR PROVINCE

ZIP CODE

COUNTRY

XXX-XX-
SOCIAL SECURITY NUMBER

DATE OF BIRTH (MONTH/DAY/YEAR)

(AREA CODE) HOME NUMBER

(AREA CODE) CELL PHONE

E-MAIL

EMERGENCY CONTACT

CELL PHONE**FOREIGN ADDRESS**

STREET ADDRESS

CITY / STATE OR PROVINCE

ZIP CODE

COUNTRY

EDUCATION -

SCHOOL(S) ATTENDED	CITY / STATE	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	GRADUATED (YES/NO)

- STATEMENT OF TERMS -

IN CONSIDERATION OF THE UNDERTAKING BY THE ADMISSIONS OFFICE TO PROCESS THIS FORM, I AGREE THAT THE INFORMATION FURNISHED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. OPMI BUSINESS SCHOOL, INC. AGREES TO TREAT ALL INFORMATION CONTAINED HEREIN AND ANY ADDITIONAL INFORMATION RECEIVED FROM OTHER SOURCES IN A CONFIDENTIAL MATTER.

I AUTHORIZE OPMI BUSINESS SCHOOL, INC. TO USE MY NAME AND/OR PHOTOGRAPH FOR ADVERTISING OR OTHER SPECIAL PURPOSES. I AGREE TO COMPLY WITH TERMS AND CONDITIONS SET FORTH IN THE SCHOOL POLICY AND REGULATIONS.

APPLICANT:

(PRINT NAME) _____

(SIGNATURE) _____ DATE_____

PARENT/GUARDIAN/SPOUSE
(REQUIRED FROM ALL STUDENTS UNDER 17 YEARS OF AGE)

(PRINT NAME) _____

(SIGNATURE) _____ DATE_____

PROGRAM TO REGISTER: _____

ACCEPTED FOR THE SCHOOL BY:_____ **DATE**_____