



Dear Prospective Applicant,

Thank you for your interest in TTI's Online Master's Degree in Early Childhood Education in conjunction with New York Institution of Technology (NYIT.)

Completing this information sheet is the first step in the application process. Upon receipt of this form, TTI will provide you with directions on how to submit your online application and documents to NYIT.

Upon receipt of all admissions requirements, NYIT will admit each student to the university and you will be given access to enrollment.

**Applications will be accepted for our upcoming 2021 Cohort through December 15, 2020
Classes begin January 20, 2021**

Please submit the attached paperwork via email to:

Mrs. M. Scheiner

miriam.scheiner@consulttti.com

Upon receipt of this paperwork, your credit card will be charged a non-refundable \$100 application fee. Please note that upon acceptance to this program, you will be required to pay TTI Basic Membership of \$775. All program fees will be outlined in the program brochure.

If you have any additional questions regarding the Early Childhood Education Program call 877.RING.TTI ext. 125 or e-mail miriam.scheiner@consulttti.com.

We look forward to hearing from you.

Respectfully,

Miriam Scheiner

Director of Online Early Childhood Education Program

CAREERS WITHOUT COMPROMISE

877.RING.TTI • INFO@CONSULTTTI.COM

5120 19TH AVENUE, #3D • BROOKLYN, NY 11204 • WWW.TESTINGANDTRAINING.COM



**ONLINE MASTER'S DEGREE IN EARLY CHILDHOOD EDUCATION
TTI/NYIT PROGRAM
APPLICATION FOR ADMISSION**

APPLICATION INSTRUCTIONS

Please complete the entire application. An incomplete application may not be considered for review.

PART 1: GENERAL INFORMATION

Full Name (Last, First, Middle):	Maiden Name (if applicable):
Date of Birth:	Citizenship Status (Check One)/SS#: <input type="checkbox"/> U.S. Citizen Last 4 digits of SS#: <input type="text"/> <input type="checkbox"/> Other Status Describe: _____ _____
Legal Address:	
Street Address:	City, State, Zip Code:
Mailing Address:	
Street Address:	City, State, Zip Code:
Home Contact #:	Cell Phone #:
Legal Name (if different from above):	Are you applying for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	Type of Applicant (Check One): <input type="checkbox"/> New Applicant <input type="checkbox"/> Re-Applicant Year(s) applied: _____

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PART 2: EDUCATION EXPERIENCE

Please list all high schools, seminaries, and previous colleges attended.

Full Name of Educational Institution:	City/State:	Start Date:	End Date:	Degree/Diploma:	GPA:

PART 3: PAYMENT

Students must pay a program fee of \$4500 to TTI. This will be charged as 4 separate payments of \$1125. The first payment is due upon acceptance into the program. A schedule of the remaining payments will be sent upon acceptance to the program

Method of Payment (Check One):	
<input type="checkbox"/> Personal Check (Included in submission package. Checks are payable to TTI.) <input type="checkbox"/> Credit Card – Information completed below	
Credit Card Type (Check One):	Cardholder Name:
<input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Card Number:	Expiration Date:
Security Code (CVV2):	Billing Address:

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PART 4: APPLICATION SIGNATURE

I, the undersigned, have read, understand, and agree to abide by the application instructions and required guidelines for application submission. I understand an interview may be required for acceptance into this program before a final determination is made.

Applicant Signature:

Date:

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