



Deaf & Hard of Hearing Consortium Application for Admission

Last Name
First Name
Middle
Maiden

Home Address
Street #
City
State/Zip

Home Telephone
Work/Cell Telephone
Email Address

Last 4 digits of SSN
Date of Birth

Current Employer
Address
City
State/Zip

Education

College or University	City & State	Dates Attended	Degree Received	Major/Minor



Falsification of records may result in immediate dismissal from the DHH Consortium.

I understand that consortium institutions will share my academic records, including but not limited to courses completed and grades earned, with Aquinas College for the purposes of advising and reimbursement.

I declare that to the best of my knowledge and belief, the answers I have given are true and correct.

Signature

Date

Anticipated start date: Fall Spring Summer Year:

Admissions Requirements

- Please submit one official transcript from each college or university attended.
- Please enclose a copy of your Michigan teaching certificate.
- Please send completed form and all supporting materials to:

Aquinas College School of Education
DHH Consortium
1700 Fulton St. E.
Grand Rapids, MI 49506-1801