



APPLICATION FOR ADMISSION (All Sections MUST be Completed)

To reserve your course and available start date, please complete this form in its entirety

SECTION 1: Personal Information Legal

Name _____
Social Security _____ - _____ - _____ Date of Birth: ____ / ____ / ____
Mailing Address _____
City _____ State _____ Zip _____ County: _____
Home Phone (____) _____ - _____ Cell Phone
(____) _____ - _____ Email Address: _____
Former Name(s): _____ Nickname: _____
How did you hear about Total Cyber Solutions? _____

THE INFORMATION BELOW IS NOT USED TO DETERMINE ELIGIBILITY, THIS DATA IS USED FOR STATISTICAL PURPOSES ONLY. Gender: Male _____ Female: _____ Ethnicity: Are you Hispanic/Latino? Y/N _____ American Indian/Alaskan Native/Pacific Islander _____ Asian _____ African American _____ White _____ Other _____

SECTION 2: RESIDENCY INFORMATION SELECT ONE OF THE FOLLOWING: United States Citizen _____ Resident Alien _____ Non-Resident Alien _____ Undocumented Alien _____ Other Non-US Citizen _____ (Resident Alien must submit a copy of the front and back of Alien Registration Card -Form I-151 or I-1551). Non-Resident Alien must submit a valid visa.

SECTION 3: EDUCATION INFORMATION

School Attended _____ Year(s) _____
City, State _____ Zip Code _____
H.S. Diploma/GED _____ Associates Degree _____ Bachelor's Degree _____
School Attended _____ Year(s) _____
City, State: _____ Zip Code: _____
H.S. Diploma/GED _____ Associates Degree _____ Bachelor's Degree _____



SECTIONS 4: EMPLOYMENT INFORMATION

Employer: _____ F/P Time _____ Address: _____
Phone (____) _____ City: _____
State _____ Zip Code _____
Position: _____

SECTION 5: TCS PROGRAM INFORMATION Program of Study: Combination (240 hours)

SECTION 6: SIGNATURE(S) Do you give permission for TCS to contact you via the telephone numbers provided, including text messaging or voicemail? Yes _____ No _____

My signature on this application is my acknowledgement of the statements below:

Foregoing information contained in this application is true and correct misrepresentations or omission of information will be sufficient cause for rejection or dismissal

All materials submitted for application become property of TCS and will not be returned to me.

I certify I am at least 16 years of age, can speak English, can lift five pounds with one hand and one arm and have good vision Applicant's

Signature _____ Date: _____

Parent(s) or Guardian Signature (if applicant under 18)

TOTAL CYBER SOLUTIONS, LLC
4031 University Dr., Suite #100, Fairfax, VA, 22030
Telephone: 888-300-9118

Enrollment Agreement

Please read the entire form before completing. Fill out and sign the enrollment agreement form. When you are accepted, TCS will confirm your starting date. This form constitutes the agreement-please be sure this agreement is signed prior to submitting.

Name (First, Middle, Last) _____
Street _____
City _____ State _____ Zip Code _____
Date of Birth _____ Social Security # _____ - _____ - _____
Driver's License# _____ Home Phone _____ Mobile
Phone _____ Email _____
Address _____

Please Send this application to contacts@totalcyber.com