

**AMERICAN ACADEMY McALLISTER
INSTITUTE OF FUNERAL SERVICE, INC.**

1501 BROADWAY, SUITE 1102 – NEW YORK, NY 10036 (212) 757-1190 (866) 932-2264 FAX: (212) 765-5923
email: info@aami.edu web: www.aami.edu



APPLICATION FOR REINSTATEMENT

There is a \$50.00 non-refundable application fee
(If you took one semester off there is no charge)

I wish to register for: Fall Spring Summer 20_____

I plan to continue my studies: On Campus Online

I plan to apply for Financial Aid: Yes No

Last four digits Social Security #: _____ Date of Birth: _____

Mr. Ms. _____
Last Name First Name MI

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone # Home: (____) ____-_____

Telephone # Work: (____) ____-_____

Telephone # Cell: (____) ____-_____

E-mail: _____

Have you attended any other school since leaving AAMI: Yes No

If yes, please indicate the school(s) and dates of attendance. You **must** submit an official transcript.

_____ Date Student's Signature



PAYMENT OPTION FORM
MUST BE COMPLETED AND RETURNED

**APPLICATION WILL NOT BE PROCESSED WITHOUT THE \$50.00 REINSTATEMENT FEE
and SUPPORTING DOCUMENTATION**

(If you took one semester off do not fill out this part)

Student Name _____

Option 1 CREDIT CARD NOTE: we do NOT accept American Express.

Master Card _____ Visa _____ Credit Card # _____

Card Holders Name _____ Expiration Date _____ CV Code _____

Billing Address _____

City _____ State _____ Zip Code _____

I _____ grant AAMI permission to charge my credit card

Print Name

Signature _____ Date: _____

Option 2 CHECK OR MONEY ORDER (Make check or money order payable to: AAMI)

If using this option, please indicate which one you will be using:

Check _____ (Check payable to: AAMI)

Money Order _____ (Money order payable to: AAMI)

Once you have indicated the option, print and mail your check or money order along with this form to:

Attn: Bursar
AAMI
1501 Broadway, Suite 1102
New York, NY 10036