



BREINING INSTITUTE

8894 Greenback Lane • Orangevale, California USA 95662-4019 • Telephone (916) 987-2007 • Facsimile (916) 987-8823

APPLICATION FOR ADMISSION

SECTION 1. Please indicate whether you anticipate enrolling as: On-Campus or Distance Learning

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

Address (Number, Street, Apt or Suite No.)

Address (Number, Street, Apt or Suite No.)

City

City

State (or Province)

State (or Province)

USA Zip Code

USA Zip Code

Country (other than USA)

Country (other than USA)

Country Code

Country Code

Primary Telephone Number (including Area Code)

Primary Telephone Number (including Area Code)

Secondary Number (including Area Code)

Secondary Number (including Area Code)

E-mail Address

E-mail Address

Social Security Number

Social Security Number

Date of Birth (Month-Day-Year)

Date of Birth (Month-Day-Year)

Male Female

Male Female

SECTION 2. I wish to enroll in the following Breining Institute course:

- FAST TRACK Program – Alcohol and Other Drug (AOD) Studies 17 Quarter Units
Certificate Program – Addiction Studies Certificate 45 Quarter Units
Associate of Arts – Addictive Disorders 90 Quarter Units
Bachelor of Arts – Addictive Disorders 180 Quarter Units
Master of Arts – Addictive Disorders 45 Graduate Quarter Units
Doctor in Addictive Disorders (Dr.AD) 80 Graduate Quarter Units

SECTION 3. FORMAL ACADEMIC EDUCATION: Provide information identifying where you attended school(s). Please also provide formal transcripts from educational institutions.

Table with 4 columns: Name of Institution, Course(s) or Major, Degree / Units, Date completed



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SECTION 4. MAJOR EMPLOYMENT HISTORY.

Table with 3 columns: Name of Employer or Facility, Job Title / Description, Dates (from/to)

SECTION 5. ACTIVE INVOLVEMENT IN A PROGRAM OF PERSONAL RECOVERY (indicate any that apply):

- AA, NA, GA, TA, Alanon, Gamanon, SLA, SOS, ACOA, Narcanon, Other: _____

SECTION 6. PAYMENT METHOD.

CERTIFICATE PROGRAM APPLICANTS (includes FAST TRACK applicants):

- I will make my tuition payments by Series as I start each Series. (FAST TRACK is one series.)
My employer, insurance company or other entity will pay for my tuition, and its Authorization to Bill is enclosed.

DEGREE PROGRAM APPLICANTS:

- I will pay the tuition for each Course in my degree program as I start that course.
My employer, insurance company or other entity will pay for my tuition, and its Authorization to Bill is enclosed.

SECTION 7. CHECKLIST: The following must be submitted with Application:

- Letter of Intent (a short autobiography and statement of why I wish to enroll).
Sponsor letter of support, verifying active involvement, if applicable, in a recovery program.
A letter of support from a colleague and / or Counselor verifying experience / interest in the field.
Proof of high school graduation or GED, or OFFICIAL TRANSCRIPTS from college if seeking transfer credit.
Non-refundable Registration fee of \$75 (made payable to "Breining Institute").

Signature: _____ Date: _____

Return completed Application and supporting documentation by e-mail, postal mail or facsimile to:

BREINING INSTITUTE
8894 Greenback Lane
Orangevale, California USA 95662-4019
E-mail: College@Breining.edu
Facsimile: (916) 987-8823