

Name: _____

Date: _____

Dates of Attendance	School Type (University, College, High School, Gymnasium, Vocational)	School Name & Location (City & Country)	Diploma/Degree/Certificate
1	2	3	4

Please provide complete information. You may photocopy and add additional pages if necessary.

Date of Attendance: For each school you attended, provide month and year of entry, and month and year of completion/graduation.

School Name: Provide complete name/title of the school.

Diploma/Degree: Please specify what degree, certificate, or other documentation was earned on completion of the course of study.

This form, completed in full, must accompany your Application for Admission to the BIR Training Center.

Evidences may be required if selected for verification.

If mailing, please send to the following address. Please include your name and current address.

BIR Training Center, 3601 W. Devon Avenue, Suite 210, Chicago, IL 60659, U.S.A

ATTN: Admissions

E-mail: contact@birtraining.edu