

SPECIAL REQUIREMENT FORM FOR ALL PROSPECTIVE STUDENTS

SECTION I - ALL PROGRAMS

A representative of AIBT International Institute of the Americas has explained the requirements for admission. I fully understand that I am responsible for providing proof of a high school diploma or a general education diploma prior to enrollment in upper division classes or initial enrollment into the degree programs.

- I certify that I DO NOT have a high school diploma or GED.
- I certify that I have a high school diploma ____ or a GED ____ which I received in ____/____/____.

Student Signature

_____/_____/_____
Date

SECTION II - DETENTION and SECURITY / JUSTICE ADMINISTRATION PROGRAM STATEMENT OF UNDERSTANDING

I understand that if I am being admitted to AIBT/IIA without my GED certificate or a high school diploma that employment with governmental agencies may not be possible, employment with private companies may be extremely limited, and salary opportunities may also be limited.

Employment opportunities for those under 21 years of age are limited in the areas of law enforcement, including the juvenile justice system. Private sector security agencies may hire applicants above 18 years of age and that experience may be of value for later applications, promotions, or advancement opportunities.

I understand some opportunities in this field may require:

- | | |
|--|---|
| 1. Official high school transcript or, | 4. Copy of birth certificate |
| 2. GED transcript | 5. Willingness to relocate and/or do shift work |
| 3. Copy of valid driver's license | |

There may be some strenuous physical work and demands that require good physical conditioning.

AIBT/IIA cannot account for all possible medical disqualifiers. I understand that the following conditions may disqualify me from government agencies:

- | | |
|---|---------------------|
| 1. Vision not more than 20/100 (correctable to 20/20) | 5. Epilepsy |
| 2. Hearing impairments | 6. Back injuries |
| 3. Color blindness | 7. Medicated asthma |
| 4. Diabetes (Insulin dependent) | |

I certify that I have NOT been convicted of a felony or a felony act that resulted in a plea bargained misdemeanor and understand that a prior criminal record or adverse military record could preclude me from employment with a state, federal, city, county, or private institution.

Student Signature

_____/_____/_____
Date

SECTION III - MEDICAL PROGRAMS STATEMENT OF UNDERSTANDING

I understand that employment in certain medical fields and any form of state licensure may require a criminal background check. AIBT/IIA assumes no responsibility for the student's ability to pass this requirement.

Student Signature

_____/_____/_____
Date