AIB DIPLOMA/CERTIFICATE APPLICATION FORM – 2012 Winter

Michigan Business Consultants Training & Development Inc.

Michigan Bankers Association
A Local ABA Training Provider

American Institute of Banking

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Student's Social Security Number

___/___/___
Today's Date

_____ _____ _____
First Name Middle Initial Last Name

_____ _____
Bank Name E-mail

_____
Ship to Address*

_____ _____ _____
City State Zip

(_____)_____ _____ (_____)_____
Work Phone Ext. Fax

COURSES TAKEN (Continue on back if necessary.)

To verify the accuracy of your transcript, please provide a list of all courses taken prior to January 1, 2005.

Course Title	Instructor	Semester	Grade

MBC Use Only:
DB Entry: ___/___/___ _____ Filled: ___/___/___ _____ Rev. 10/27/11

ATTEST

The information provided herein is true and accurate to the best of my knowledge. I have carefully read and agree to MBC's and AIB's policies regarding course registration, drops/adds, refunds, attendance, fees, transcripts, and other guidelines. I understand and will adhere to my institution's personnel policies regarding education, training, and development programs.

Student Signature: _____
Manager's Signature: _____
Manager's Name: _____ R&T#_____
(Manager's signature required if fee will be charged to bank.)

Previous Certificates/Diplomas Received (prior to ***1/1/05***)

Date	Diploma/Certificate

☐ **Check here if course list includes classes taken ONLINE.**

☐ Diploma/Certification, Fee: $ 60 Each ☐ Evaluation, Fee: $ 30 Each

Diploma(s)/Certificate(s) Requested:_____
_____

Payment Method: ☐ Payment Enclosed ☐ Charge to Bank*

*Diplomas may be sent directly to your bank's HR department, based on the corporate setup. Please contact us if you have questions.

FAX or MAIL to: MBC Training/AIB
P.O. Box 228 • Roseville, MI 48066-0228 • (586) 784-4445
Fax: (586) 779-3715