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### **STUDENT REGISTRATION AND APPLICATION FORM**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

INSTITUTION SELECTED: \_\_\_\_\_

Program Selected: \_\_\_\_\_

Documents Submitted:

- |  |                      |
|--|----------------------|
| 1. Original PSA Birth Certificate            | Date Submitted _____ |
| 2. Original PSA Marriage Contract if married | Date Submitted _____ |
| 3. Original Transcript of Records            | Date Submitted _____ |
| 4. Philosophy Statement                      | Date Submitted _____ |
| 5. Other Documents                           | Date Submitted _____ |

**Declaration:** I hereby commit to pay the application, matriculation and the auxiliary service fees when due and in timely manner. \_\_\_\_\_

#### **Payments:**

1. Registration/Application Fee: \$30.00
2. Auxiliary Service Fee: 10% of the host university fees
3. Host University Fees: \_\_\_\_\_

#### **For Academy office use only:**

Evaluated By: \_\_\_\_\_ Assigned Mentor: \_\_\_\_\_

Treasurer: Edna D. Alcantara, Ph.D. \_\_\_\_\_

**Make check payable to "AFTEA, INC." with Memo "Academy Fee" and mail to:**

Edna D. Alcantara  
69-71 44th Avenue, Apt 3  
Woodside, NY 11377

ATTESTED BY THE ACADEMY DEAN:

Vivian Y. Alforque, Ph.D. \_\_\_\_\_ Date: \_\_\_\_\_

NOTED: Dr. Roger P. Cuerquez, Ph.D., LPT, *AFTEA-HEXACENTER President*