| COTHM <sup>™</sup> USA                                                                                                                                                                                            | Admission / Registration Form |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Note: All fields are mandatory.                                                                                                                                                                                   |                               |
| Application Start Date (mm-dd-yyyyy)*                                                                                                                                                                             |                               |
| Applicant First Name *                                                                                                                                                                                            |                               |
| Applicant rist Name                                                                                                                                                                                               |                               |
| Applicant Last Name *                                                                                                                                                                                             |                               |
|                                                                                                                                                                                                                   |                               |
| Address *                                                                                                                                                                                                         |                               |
| City *                                                                                                                                                                                                            |                               |
|                                                                                                                                                                                                                   |                               |
| State / Province / Region *                                                                                                                                                                                       |                               |
| Postal / Zip Code *                                                                                                                                                                                               |                               |
|                                                                                                                                                                                                                   |                               |
| Country *                                                                                                                                                                                                         |                               |
| For eil *                                                                                                                                                                                                         |                               |
| Email *                                                                                                                                                                                                           |                               |
| Contact Number *                                                                                                                                                                                                  |                               |
|                                                                                                                                                                                                                   |                               |
| Applicant Date of Birth (mm-dd-yyyy) *                                                                                                                                                                            |                               |
| Current Degree / Diploma *                                                                                                                                                                                        |                               |
|                                                                                                                                                                                                                   |                               |
| Year of Completion (yyyy) *                                                                                                                                                                                       |                               |
| Gender *                                                                                                                                                                                                          |                               |
| Male Female                                                                                                                                                                                                       |                               |
| Citizen Status *  US Citizen US Permanent Resident US Visa Holder                                                                                                                                                 |                               |
| Chose Campus *                                                                                                                                                                                                    |                               |
| Illinois Maryland New Jersey New York Texas Virginia Washington                                                                                                                                                   |                               |
| Field of Interest *  Cooking Baking Hospitality Management Food Safety Nutrition                                                                                                                                  |                               |
| End Goal *                                                                                                                                                                                                        |                               |
| Proffisional Chef Home Cook Entreprenur/ Business  Cuisine *                                                                                                                                                      |                               |
| Pakistaini / Indian Cuisine Chinees Cuisine Persin Cuisine Italian Cuisine                                                                                                                                        |                               |
| Prefer language, additional Comments or Questions                                                                                                                                                                 |                               |
|                                                                                                                                                                                                                   |                               |
|                                                                                                                                                                                                                   |                               |
|                                                                                                                                                                                                                   |                               |
| We look forward to speaking with you. By providing / Submitting your information, you agree to be contacted by The College of Tourism Hospitality & Mana                                                          | agement                       |
| "COTHM". Please note that in certain instances we may use computer software to dial or send text messages to you. Please refer to COTHM's <u>Privacy Policy</u> f information or contact us at cothmusa@gmail.com |                               |
|                                                                                                                                                                                                                   |                               |
| Please send it back to us via email at cothmusa@gmail.com                                                                                                                                                         |                               |