

## Application Form : Academic Year 2026 – 2027

**Space is limited in all programs.**

**Application Deadlines:** Completed applications will continue to be taken and considered up to the start of the course. Students must complete the application for admission and submit a \$30 nonrefundable application fee.

**Admission Requirements:** Admission is open to all individuals who have earned a high school diploma from an approved or accredited high school or a GED recipient. The required age of TISOH students for admission consideration is 18 years and older.

For the **Executive Diploma in Hospitality Operations** program, either a (1) high school diploma or equivalent, plus two years hospitality industry supervisory experience, or (2) associate's degree or above, is required for admission.

Complete this form and submit it to: Admissions & Records  
The International School of Hospitality  
3614 East Sunset Road, Las Vegas, Nevada 89120

Applications may be submitted in-person, by fax, by mail, or by e-mail. Prospective students will receive notification of admission decision within five (5) business days upon receipt of this form. This form can also be completed online at: [www.tisoht.edu](http://www.tisoht.edu).

**International Student Notice:** If you are not a U.S. resident, you must complete the separate International Student Application. This requirement applies to all non-U.S. residents, regardless of whether you need an M-1 student visa, and it includes those enrolling in our online programs.

Please let us know how you heard of TISOH: \_\_\_\_\_

| Personal Data (Please print clearly)                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Last Name                                                                                                                                                                                                                                                             | First Name                                                                                                                                                                                                                                                                                                                                                                                                              | Middle                                |
| Date of Birth (mm/dd/year)                                                                                                                                                                                                                                            | Email Address                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |
| Country of Citizenship<br><input type="checkbox"/> U.S.<br><input type="checkbox"/> U.S. Resident Alien                                                                                                                                                               | Ethnic Origin (optional)<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> Prefer not to answer<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> White<br><input type="checkbox"/> Other |                                       |
| Contact Information                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Mailing Address<br>Street:<br>City: State/Zip:                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone Numbers<br>Home:<br>Mobile: |
| Academic History – A minimum of a high school diploma or a GED is required                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| If you did not graduate from high school, did you obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| High School                                                                                                                                                                                                                                                           | Date of Graduation                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |
| Address                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| What is the highest degree you have earned?<br><input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> None |                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Graduation                    |
| MGM Resorts International M Life Insider                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Are you an MGM Resort International employee who is interested in and eligible for the M Life Insider program? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |

| Program Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>Learning Format Preference</b><br><input type="checkbox"/> Classroom <input type="checkbox"/> Online                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      | <b>Enrollment Term</b><br><input type="checkbox"/> Fall 2026 <input type="checkbox"/> Spring 2027 <input type="checkbox"/> Summer 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Certificate Programs</b> (Please choose below)<br><br><b>Department of Catering</b><br><input type="checkbox"/> Meeting & Event Catering Certificate<br><input type="checkbox"/> Food & Beverage Operations Certificate<br><br><b>Department of Conferences and Events</b><br><input type="checkbox"/> Conference Management & Event Planning Certificate<br><input type="checkbox"/> Event Design & Production Certificate<br><input type="checkbox"/> Exhibition and Tradeshow Management Certificate<br><br><b>Department of Hotel Management</b><br><input type="checkbox"/> Art of Concierge Certificate<br><input type="checkbox"/> Hospitality Human Resources Certificate<br><input type="checkbox"/> Hospitality Leadership & Management Certificate<br><input type="checkbox"/> Hospitality Marketing & Sales Certificate<br><input type="checkbox"/> Hospitality Revenue Management & Analytics Certificate<br><input type="checkbox"/> Hotel Operations Certificate<br><input type="checkbox"/> Professional Presence in Hospitality Certificate<br><br><b>Department of Weddings</b><br><input type="checkbox"/> Wedding Coordination & Design Certificate |                                                                                                                                                                                                                                                                                                                      | <b>Diploma Programs</b> (Please choose diploma type)<br><br><input type="checkbox"/> Diploma in Hospitality Operations^<br><br><input type="checkbox"/> Executive Diploma in Hospitality Operations^<br><br>^Diploma applicants enroll for the program by indicating the semester they wish to begin their studies. Upon enrollment, a counselor will be in touch to create a customized schedule. All courses are available in class as well as online. Students may mix and match to fit their needs. Normal length for completion is 3 semesters for the Diploma in Hospitality Operations and 2 semesters for the Executive Diploma in Hospitality Operations. |
| Tuition Fee Payment Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> <b>Payment in Full</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> <b>TISOH Installment Plan</b><br><br>0% interest installment payment plan offered on a case-by-case basis. Typically, students will be allowed to pay in equal installments based on the duration of their program. The payment commitment must be completed before the end of the program. | <input type="checkbox"/> <b>TFC Financing Plan</b><br><br>Offers multiple options tailored to the student's needs. Credit decisions are based on a needs-blind admission to the school, credit application information, the amount of upfront payment and the availability of a co-signer.<br><br><b>Financing is available for U.S. residents only.</b>                                                                                                                                                                                                                                                                                                           |
| Application Fee Payment Options - A one-time \$30 application fee must accompany application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Check <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order<br><br>Please charge \$30 on the following credit card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover<br>Card #: _____ Expiration Date (MM/YYYY): _____ Security Code: _____<br><br>Billing Address: _____<br><br>City: _____ State: _____ Zip code: _____<br><br>Name as it Appears on the Credit Card (Print): _____<br><br>Cardholder's Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I certify that all information on this application is true and correct.<br><br><br><br><br><br><br>Applicant's Signature: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |