



# William H. Miner Agricultural Research Institute

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## ADVANCED DAIRY MANAGEMENT PROGRAM STUDENT INFORMATION

(Please type or print)

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
College Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
E-mail \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Marital Status \_\_\_  
Academic Major \_\_\_\_\_ Grade Point Average \_\_\_\_\_  
Area of Concentration \_\_\_\_\_ No. of Credits Completed \_\_\_\_\_ No. of credits in progress \_\_\_\_\_  
at time of application \_\_\_\_\_ at time of Application \_\_\_\_\_  
When do you plan to attend Miner Institute? Spring semester, 201\_\_\_  
Do you have any health limitations which will require accommodation? \_\_\_Yes \_\_\_No  
If yes, please explain. \_\_\_\_\_  
Name, Address and Phone No of Individuals to be contacted in event of an emergency:

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## EDUCATIONAL BACKGROUND

College	Address	Highest grade Completed	Dates of attendance
_____	_____	_____	_____

**An unofficial copy of your transcript and a letter outlining your career goals must accompany this form before you will be considered for enrollment in this course of study.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED APPLICATION TO:

Wanda Emerich  
Miner Institute  
PO Box 90  
Chazy, NY 12921

More information available at: [www.whminer.com](http://www.whminer.com)