

# APPLICATION FOR ADMISSION

**Select Field of Interest:**

- Accounting Technology       Business Management and Technology       Child Care and Development  
 Medical Office Management       Paralegal Studies       Other Certificate:- \_\_\_\_\_

This application is for admission into the program beginning:       FALL \_\_\_\_\_

*\* NOTE: Applicants must complete remedial requirements & program prerequisites by the application deadline of the term for which admission is sought.*

Date of Application: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
*Last First Middle*

Current mailing address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

Current telephone:      (      ) \_\_\_\_\_ *(where you can be reached between 8 a.m. and 5 p.m. on weekdays)*

If you have previously attended any school under a name other than that given above, please specify below:

List other Career Technical Education Schools/Programs you have or will apply to: \_\_\_\_\_ Date of Application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Male     Female      Place of Birth: \_\_\_\_\_

Ethnic Origin: *(OPTIONAL-for affirmative action purposes only)*

- White       Hispanic       Native American       Prefer Not To Answer  
 Black       Asian       International

Emergency Contact:

\_\_\_\_\_  
*Name Relationship*  
\_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City, State, Zip Telephone*

Have you ever been convicted of a misdemeanor or felony (including deferred adjudication for either) with the exception of minor traffic violations (e.g. speeding or parking violations)? \*Note: DUI's, DWI's, PI's are not minor traffic violations.  Yes  No  
If "Yes," provide a written explanation.

Were you ever required to leave high school, college, graduate or professional school or ever denied readmission because of deficiencies either in conduct or scholarship?  Yes  No If "Yes," provide a written explanation.

In order to provide better services for people with disabilities, the following voluntary information is needed. This is for affirmative action purposes. The information you provide will not affect your admission to the Business Information Technology programs and will be kept confidential.

Please check all that applies to you:     physical disability       learning disability       other disability  
Will you need accommodations in order to succeed in the program for which you are applying?     yes       no

