

## APPLICATION FOR ADMISSION

### I. PERSONAL DATA

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]

|                                                     |  |             |         |                                             |          |
|-----------------------------------------------------|--|-------------|---------|---------------------------------------------|----------|
| Student's first name                                |  | middle name |         | Last name                                   |          |
| MALE / FEMALE                                       |  |             | MARRIED | SINGLE                                      | DIVORCED |
| COUNTRY or CITY AND STATE OF ORIGIN                 |  |             |         | Married to Another Student at the Institute |          |
| ADDRESS Number Street Apartment City State Zip Code |  |             |         | Date of Birth                               |          |
| Relative's Street Address                           |  |             |         | Number of Children                          |          |
| Friend's Address                                    |  |             |         | Telephone Number                            |          |
|                                                     |  |             |         | Relative's Phone Number                     |          |
|                                                     |  |             |         | Friend's Phone Number                       |          |

### II. Historical - EDUCATIONAL BACKGROUND

| Name of Institution                           | Location | Dates of Attendance | Diploma |
|-----------------------------------------------|----------|---------------------|---------|
| 1. Last Secondary School                      |          |                     |         |
| 2. Last Business, Trade, or Vocational School |          |                     |         |
| 3. Last College                               |          |                     |         |

### III. Work Experience

| Name of Employer | Location | Type of Job | Dates of Employment |
|------------------|----------|-------------|---------------------|
|                  |          |             |                     |
|                  |          |             |                     |

### IV. Future Plans of the Student

|                                                                                                          |                            |                                 |
|----------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|
| 1. In Which Course or Program Do You Wish to Enroll?                                                     | When do you want to begin? | When do you expect to complete? |
| 2. What is Your Intended Major If You Plan to Continue in a Program After Completing a Course            |                            |                                 |
| 3. What Other Courses, Programs, or Degrees Do You Plan to Take after Completing this Course of Program? |                            |                                 |
| 4. What Type of Employment Do You Plan to Seek After Graduation?                                         |                            |                                 |
| X Student Signature                                                                                      | Today's Date / /           |                                 |

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|                                                                                |                      |                               |                                       |
|--------------------------------------------------------------------------------|----------------------|-------------------------------|---------------------------------------|
| 1. Admission Test Name                                                         | Admission Test Score | GED Test Score If Not Passing | Date Official HS Transcript Requested |
| 2. Advanced Standing                                                           | Transfer Hours       | Accepted / Rejected           | Enrolled / Never Enrolled             |
| 3. Other Comments and Observations (USE OTHER SIDE OR ADDITIONAL SHEETS)       |                      |                               |                                       |
| X Name / Initials of School Personnel Reviewing This Application for Admission |                      |                               |                                       |