

Residency Status:

Are you a legal resident of North Carolina? Yes No

If NC resident, county of residence? _____

Have you maintained your residence in North Carolina for at least 12 months prior to the date of this application? Yes No

If no, what date did you move to NC to live? ____/____/____

Previous state of residence? _____

COLLEGE INFORMATION

Entrance Status:

- Never before enrolled (F)
- Prior enrollment at another college (T)
- Not seeking a degree (S)
- Prior enrollment at MTCC (R)
- In-Transit (Visiting) (X)

Plan to Attend:

- Day (D) Evening (E)

Plan to Attend:

- Part-time (P) Full-time (F)

Expected Date of Entrance: 20 ____

- Fall Spring Summer

Program Code (See Back Page for Code Numbers): _____

Allied Health Programs

- D45660 LPN 20 ____ Fall, Day Fall, Eve/Weekend
- A45120 RN 20 ____ Spring, Eve/Weekend Fall, Day
- A45120 Adv Placement RN 20 ____ Spring, Day Summer, Eve/Weekend
- D45740 Surgical Technology 20 ____ Fall, Day

Future Entries

Long-Term Goal:

- Obtain an Associate Degree, Diploma or Certificate (1)
- Enhance my job skills in my present field of work (2)
- Enhance my employment skills for a new field of work (3)
- Take courses to transfer to another college (4)
- Take courses for personal enrichment or interest (5)
- Goal unknown (6)

DEMOGRAPHIC INFORMATION

Is English your native language? Yes No

Workplace and Occupation: _____

Are you a US Citizen? Yes No If no, country of residence? _____

Are you a permanent resident? Yes No. Are you here on a VISA? Yes No.
Type of VISA _____

PREVIOUS EDUCATION INFORMATION

Last High School Attended (Even if you did not graduate): _____

School Name _____ Location (County and State) _____

Did you graduate from the above high school? Yes, Graduation Date ____/____/____
 No, Last Date Attended ____/____/____

If currently attending High School, give expected graduation date: ____/____/____

Highest Education Level Completed (Including College) _____

Did you earn a GED Diploma?	<input type="checkbox"/> Yes, Name and address of GED Center _____
or	<input type="checkbox"/> No
Did you earn an Adult H.S. Diploma?	<input type="checkbox"/> Yes, Name and address of Issuing Center _____
	<input type="checkbox"/> No

COLLEGES PREVIOUSLY ATTENDED

(Most recently attended first.)

Name	Address	Degree Received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I certify that the information on this application is correct. I agree to abide by the rules, policies, and regulations of the College during my enrollment at McDowell Technical Community College. The college has my permission to release pertinent information on this form to appropriate College staff, and, in the event of emergency or illness, my permission to call a local physician.

Signature of Applicant _____
Date

Contact in Case of Emergency: _____

Telephone: Home (____) ____-____ Work (____) ____-____

McDowell Technical Community College operates under the open door admissions policy. Any student who meets admission requirements of the College, as defined in the College Catalog, may apply for and be accepted by the College upon completion of the application. Admission to the College does not guarantee admission to a specific program. MTCC complies with applicable Federal and State laws prohibiting discrimination on the basis of race, sex, religion, age, ethnic origin, marital status, association or handicap.