



APPLICATION FOR ADMISSION

Please Print Clearly and Firmly
Ohio Reg# 71-09-0253T

Applicant Information

Last Name:		First Name:		Middle Name:	
Current Address:				Apt#:	
City:		State:	Zip:	County:	
US Social Security No.: <small>(Required if applying for Financial Aid)</small>			Email Address:		
Home Phone: ()		Work Phone: ()		Cell Phone: ()	
Date of Birth: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Registered with Selective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License #:		State Issued:	Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Entered: / /		Date Discharged: / /	
Type of Discharge:			Are you Eligible for VA Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		

U.S. Department of Education Information

The U.S. Department of Education requires that we submit annual reports listing the ethnicity of our students. This information is not used by the college for any other purposes than the completion of this federal requirement. Please answer the following:

U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration#:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
1. Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", skip question 2.)					
2. How do you describe yourself: (Please check all that apply)					
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	

The Ohio Technical College admission office does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

Parent/Guardian Information

Father/Guardian Name:		Home Phone: ()		Work Phone: ()	
Address:		Zip:	Email:		
Mother/Guardian Name:		Home Phone: ()		Work Phone: ()	
Address:		Zip:	Email:		

Education

Name of School	Location (City & State)	# of Years Completed	Graduation Year
High School:			
Vocational/Trade School:			
College:			
Will/Did you graduate on schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you do not have a high school diploma, did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year: _____	Have you ever previously received any college financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Are any loans in default? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Experience (List below last three employers starting with most recent)

Date(s): Month / Year	Name of Employer	Position
From:		
To:		
From:		
To:		
From:		
To:		

Personal References

Name:	Best Phone: ()
Name:	Best Phone: ()

Student Essay

In 75 words or less, describe how attending our college will help you achieve your goals:

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Yes No

[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

If you answered "yes" to the above question, please explain the circumstances and year.

I certify that all information submitted in the admission process—is my own work, factually true, and honestly presented, and that these documents will become the property of Ohio Technical College.

I hereby agree to comply with the school's Drug Free policies.

I hereby give permission for my grades and attendance information to be released to my parents/guardians.

Signature: _____ Date: _____

College Administrative Use Only

Interviewer Recommendation:

Interviewer Signature:

Date Interviewed:

Official College Signature:

Official Acceptance Date: