



## EDUCATION HISTORY

High School where you graduated (or Plan to Graduate):

\_\_\_\_\_

*Full Name of High School*

\_\_\_\_\_ Attended From \_\_\_\_\_ To \_\_\_\_\_

*City/Town State mm/dd/yyyy mm/dd/yyyy*

Fill in this circle if you completed the GED instead of graduating from school.

**Official GED scores OR high school transcript must be submitted with this application.**

## FUTURE PLANS

Start Date: \_\_\_\_\_

### Desired Program of Study:

- Medical Assistant (Diploma)
- Medical Administrative Assistant (Diploma)
- Medical Billing and Coding (Diploma)
- Patient Care Technician (Diploma)
- EKG Technician (Diploma)
- Phlebotomy Technician (Diploma)

### Schedule Preferences:

- Daytime Classes
- Evening Classes
- Weekday Classes
- Weekend Classes

Notes (Office Use Only)

## SIGNATURE

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the college or subject to dismissal if admitted.

I have read and understand all instructions and information on this application and certify that the statements I have made on this application are correct and complete.

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

*mm/dd/yyyy*

Notes (Office Use Only)