

HIGH SCHOOL CHECK LIST:

__ Application __ Transcript
__ Attendance record __ Test Scores
*Srs only: __ FAFSA __ 13th Yr Tuition Waiver



NORTHEAST TECH

ADULT CHECK LIST:

__ Application
__ Transcripts (GED/HS/College/Technical)
__ FAFSA __ 13th Yr Tuition Waiver

APPLICATION FOR ADMISSION

An interview is required for admission.

COMPLETED BY ALL APPLICANTS

Last Name: _____ First Name: _____ Preferred Name: _____ Middle Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACTS: (PARENT, GUARDIAN, NEXT OF KIN)

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

CAMPUS SELECTION:

Please check the NTC campus that you would like to attend: Afton Claremore Kansas Pryor

PROGRAM SELECTION:

Please write the NTC program that you are wanting to attend. May choose two, but not required.

1. _____ 2. _____

SESSION TIME SELECTION:

_____ AM (8:30 – 11:30) _____ PM (12:30 – 3:30) _____ All day (adult only) _____ No preference

Please contact an NTC Student Advisor if you need accommodations or modifications in order to successfully complete technical program tasks.

COMPLETED BY HIGH SCHOOL APPLICANTS ONLY

PLEASE ATTACH CURRENT TRANSCRIPT AND TEST SCORES (PRE ACT, ACT, etc.)

Name of High School: _____ or Home School Current Grade Level: _____

Parent or Guardian Signature: _____

COMPLETED BY ADULT APPLICANTS ONLY

PLEASE ATTACH HIGH SCHOOL TRANSCRIPT OR GED AND COLLEGE TRANSCRIPT(S)

Year completed HS/GED: _____ High School Attended: _____ City: _____ State: _____

College attended: Name: _____ City: _____ State: _____ Date attended: _____

College attended: Name: _____ City: _____ State: _____ Date attended: _____

Tech Center attended: Name: _____ City: _____ State: _____ Date attended: _____

Please check which applies to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> 30 – Less than High School Diploma | <input type="checkbox"/> 31– High School Graduate | <input type="checkbox"/> 32 – Some College, No Degree |
| <input type="checkbox"/> 33 – Technical Diploma/Certificate | <input type="checkbox"/> 34 – Associate Degree | <input type="checkbox"/> 35 – Bachelor Degree |
| <input type="checkbox"/> 36 – Master’s Degree | <input type="checkbox"/> 37 – Doctorate Degree | <input type="checkbox"/> 38 – GED |

Are you registered under the Sex Offenders Act? YES NO

It is unlawful for any person registered as a sex offender to work with or provide services to children or to work on school premises. If you are registered under this Act, please contact an NTC Student Advisor.

OPTIONAL

Gender: Male Female Date of Birth: _____

Race: Hispanic American Indian Asian Black/African American Hawaiian/Pacific Islander White Other

COMPLETED BY HIGH SCHOOL COUNSELOR

PLEASE ATTACH TRANSCRIPT AND TEST SCORES (PRE ACT/ACT/etc.)

Student Testing Number: _____ Fall semester absences: _____ Current GPA: _____

Comments: