

Application for Admission
Texas County Technical College
6915 S. Hwy 63
Houston, MO 65483
Ph: 417-967-5466 Fax: 417-967-4604
Email: info@texascountytech.edu

NOTE: Please complete the application and submit with \$50.00 non-refundable application fee. Admission to the college does not guarantee matriculation into a program.

GENERAL INFORMATION

Name: _____
(Mr./Mrs./Ms) (Last) (First) (Middle) (Maiden)

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(if different from above) (City) (State) (Zip)

County: _____ Date of Birth: ____/____/____ Sex: M ____ F ____

Daytime Phone: _____ Alternate Phone: _____
Home Work Cell (please circle one) Home Work Cell (please circle one)

- I ACCECPT to have TCTC contact me via text message for testing and/or admission reminders.
 I DECLINE to have TCTC contact me via text message for testing and/or admission reminders.

Driver's License Number: _____ Social Security Number: _____

E-mail address: _____

PROGRAM INTEREST

Please indicate which program of study you are interested in:

- Accelerated LPN to RN*
Practical Nursing

Please indicate what year/semester you would like to begin classes? Year _____ Fall Spring Summer

ACADEMIC INFORMATION

High school last attended: _____
(Name of School) (City) (State)

Year graduated: _____ or GED received: _____

Do you want any post secondary transcripts evaluated for transfer of credit? Yes No

Please list ALL post-secondary institutions which you have attended: (Attach additional sheet if necessary)

| Name of institution | City/State | Dates attended |
|---------------------|------------|----------------|
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Have you been awarded a bachelor's degree or higher? Yes No

Why have you chosen this career? _____

Plans after graduation? _____

Have you ever been enrolled in a similar program at another school? When and Where? _____

Are you currently employed? Yes No Position _____

Business name: _____ Telephone _____

Have you ever been convicted of a felony? Yes No If yes, when: _____

APPLICANT VERIFICATION

I verify that the information that I have provided is complete and correct to the best of my knowledge. I understand that any falsification or omission of facts requested could be cause for disqualification of the application process or dismissal from the school.

Applicant signature

Date

Signature (if under 18, a parent or legal guardian must sign)

Date

This school does not discriminate on the basis of age, sex, marital status, ethnic or national background, religion, or disability when admitting students to the college.