Advanced College
Prospective Student Profile

Name: __________________________________________________________

Address: _______________________________________________________

City: __________________________ State: _____________ Zip: __________

Home Phone: __________________________ E-mail: ___________________

Cell Phone: __________________________

Work Phone: __________________________

How did you hear about Advanced College? __________________________

Date of Birth: ________________________ Married: Yes___ No ___

U.S. Citizen: Yes ___ No ___

Permanent Resident: Yes ___ No ___

Prior Education:

Did you graduate from High School: Yes ___ No ___

Received GED: Yes ___ No ___

If No, Last grade completed: __________________________ or GED, from __________________________

Name of High School or College Attended: __________________________

Do you have a Bachelor’s or Master’s Degree? Yes ___ No ___

if yes, year: __________________________

Program(s) of Interest

- Vocational Nursing
- Medical Billing /Front Office
- English As a Second Language
- Massage Therapy
- Physical Therapy Aide
- Phlebotomy
- Computerized Accounting
- Intravenous Therapy/Blood Withdrawal

- Associate of Science in:
- Business Administration
- Surgical Technology
- Healthcare Management

What type of transportation will you be using to attend school? Car ___
Public ___

Please give names of any friends of family members that would be interested in a new career.

Name_________________________________________ Phone_________________________

Name_________________________________________ Phone_________________________

Name_________________________________________ Phone_________________________
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<th>For College use only</th>
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<tr>
<td>Anticipate Start Date: ____________________________</td>
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<tr>
<td>Session: Morning ______ Evening ______</td>
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<td>SLE Date: ____________________________</td>
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<td>ATB Date: ____________________________</td>
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