



## ADVANCED COLLEGE PROSPECTIVE STUDENT PROFILE

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about Advanced College? \_\_\_\_\_

U.S. Citizen: (circle one) YES/ NO Permanent Resident: (circle one) YES/NO

### **Prior Education:**

High School /GED (circle one)

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of College/University: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

### **Program(s) of Interest**

- |   |  |
|---|--|
| <input type="checkbox"/> Vocational Nursing           | <input type="checkbox"/> Associate of Applied Science in Business Administration |
| <input type="checkbox"/> Medical Billing/Front Office | <input type="checkbox"/> Associate of Science in Surgical Technology             |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Associate of Applied Science in Healthcare Management   |
| <input type="checkbox"/> Massage Therapy              |  |
| <input type="checkbox"/> Physical Therapy Aide        |  |
| <input type="checkbox"/> Phlebotomy                   |  |
| <input type="checkbox"/> Computerized Accounting      |  |

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### **For College Use Only**

Anticipated

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

Session: Morning \_\_\_\_\_ Evening \_\_\_\_\_

SLE Date: \_\_\_\_\_

SLE Score: \_\_\_\_\_