



PROSPECTIVE STUDENT PROFILE SHEET

Date: _____
Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
How did you hear about Advanced College? _____

Race (Circle One): _____ Gender (Circle One): M F
Asian American Indian or Alaska Native
Hispanic/Latino Pacific Islander
Black or African American Two or more races
White Other: _____

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 Assistant | <input type="checkbox"/> Associate of Applied Science in Healthcare Management |
| <input type="checkbox"/> Computerized Accounting | <input type="checkbox"/> Associate of Science in Surgical Technology |
| <input type="checkbox"/> Phlebotomy | |

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: _____