



Advanced College

Prospective Student Profile

Date: _____

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 ___ No. of Dependents: _____

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

- | |
|---|
| <ul style="list-style-type: none"> 🍏 Associate of Science in: 🍏 Business Administration 🍏 Surgical Technology 🍏 Healthcare Management |
|---|

- 🍏 Massage Therapy
- 🍏 Physical Therapy Aide
- 🍏 Phlebotomy
- 🍏 Computerized Accounting
- 🍏 Intravenous Therapy/Blood Withdrawal

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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For College use only

Anticipate Start Date: _____

Session: Morning _____ Evening _____

SLE Date: _____

ATB Date: _____