



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 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 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: _____