



# REGISTRATION FORM

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

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

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

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

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

**PROGRAM OF INTEREST:**

- Vocational Nursing
- Medical Assistant
- Dental Assistant (Salida Only)
- Phlebotomy
- Computerized Accounting
- Associate of Science in Surgical Technology
- Associate of Applied Science in Healthcare Management

**RACE (Check all that apply):**

- Asian
- American Indian or Alaska Native
- Hispanic/Latino
- Pacific Islander
- Black or African American
- White
- Other: \_\_\_\_\_

**HIGHEST LEVEL OF EDUCATION:**

- High School/GED
- College/University

**MARITAL STATUS:**

- Single/Widowed/Divorced
- Married
- Separated

**How did you hear about us?** \_\_\_\_\_

**EMERGENCY CONTACT:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**CREDIT REQUEST:**

\_\_\_\_\_ I understand my right to have credit granted to previous related education and experience and **I want to apply for credit (based on Advanced College's Credit Granting Policy).**

\_\_\_\_\_ I understand my right to have credit granted to previous related education and experience and **I do not want to apply for credit.** I understand that this is a final decision and cannot be changed in the future.

**VN Students Only: I want to apply for credit** with an active, unencumbered certificate/license in CNA, RNA, HHA, EMT, or MA, Vocational Nursing students can receive \$200 total credit towards their tuition. *\*To receive credit, student will need to provide proof of active, unencumbered license with submission of this Registration form, prior to signing the Enrollment Agreement.*

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

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

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

**COLLEGE USE ONLY:**

SLE Date: \_\_\_\_\_ SLE Score: \_\_\_\_\_ Proctor Signature: \_\_\_\_\_

SLE Date: \_\_\_\_\_ SLE Score: \_\_\_\_\_ Proctor Signature: \_\_\_\_\_

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

HESI Score (R/V): \_\_\_\_ / \_\_\_\_ HESI Score(R/V): \_\_\_\_ / \_\_\_\_ HESI Score(R/V): \_\_\_\_ / \_\_\_\_ HESI Score: (R/V) \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ **Registration Fee:** (attach receipt)

Uniform Top Size: \_\_\_\_\_ Uniform Bottom Size: \_\_\_\_\_ Student Initial: \_\_\_\_\_

Uniform Top Size: \_\_\_\_\_ Uniform Bottom Size: \_\_\_\_\_ Student Initial: \_\_\_\_\_

Financial Aid Advisor: \_\_\_\_\_ Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_