



APPLICATION FOR ADMISSION

Personal Information				
Last Name:		First Name:		Middle Name:
Are you a veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, →		Do you have benefits? <input type="checkbox"/> VA Post 911 <input type="checkbox"/> GI Bill <input type="checkbox"/> VA Voc (Ch31) <input type="checkbox"/> Other		Are you Eligible for VA Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying through a government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Name	Contact Name	Contact #
Criminal Record: <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, describe:		
Known Medical Condition <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, describe:		
Disabilities <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Some disabilities may prevent you from working in your chosen field</i>		If yes, describe:		

U.S. Department of Education Information			
The following information is collected to compile reports required by the Department of Education and will not be used to determine enrollment.			
		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Race/Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African American <input type="checkbox"/> 2 or More Races <input type="checkbox"/> Unknown/Unspecified
Citizenship: <input type="checkbox"/> US Citizen		<input type="checkbox"/> Non-Citizen	<input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Unknown

In Case of Emergency		
1 st Contact Name:	Cell Phone: ()	Relationship
2 nd Contact Name:	Cell Phone: ()	Relationship
Current Living Situation <input type="checkbox"/> Living with parents <input type="checkbox"/> Living off campus (not with parents)		

Educational Experience				
Have you attended another college? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in receiving transfer credits(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any loans in default? <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Name:	State:	Year:	Received Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree?
Institution Name:	State:	Year:	Received Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree?

Attestation	
Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my employment history and to answer questions about any future credit experience with ITI Technical College.	
Applicant's Signature	Date
Admission's Advisor Signature	Date of interview

After you fill out and sign the application, email it to admissions@iticollege.edu