

### STUDENT INFORMATION

First/Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  M  F  
 Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Citizenship:  U.S.A.  Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ OK to Text:  Yes  No  
 Best Way to Contact:  Call  Text  E-mail  Facebook Messenger  
 Ethnic Background:  American Indian/ Alaskan Native  Asian/Pacific Islander  Black/ Non-Hispanic  
 White/ Non-Hispanic  Hispanic  Other: \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  Widowed  Separated Maiden Name: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Have you ever been arrested for, charged with or convicted of criminal conduct, a misdemeanor or a felony\*:**  Yes  No

*\*May affect licensure/credentialing*

### SCHOLARSHIPS & PRIOR LEARNING ASSESSMENT (life or experience credit)

|   |  |
|---|--|
| <input type="checkbox"/> Recent High School Graduate (within 60 days) | <input type="checkbox"/> On-the-Job Training in Related Field of Study |
| <input type="checkbox"/> Recent GED Recipient (within 60 days)        | <input type="checkbox"/> Experience in Related Field of Study          |
| <input type="checkbox"/> Veteran or Active Duty                       | <input type="checkbox"/> Volunteer Work                                |
| <input type="checkbox"/> Military Spouse                              | <input type="checkbox"/> Online Courses/MOOCs/Independent Study        |
| <input type="checkbox"/> Alumni from CCC/CSC/OTC                      | <input type="checkbox"/> Workshops                                     |
| <input type="checkbox"/> Spouse or Child of Alumni from CCC/CSC/OTC   | <input type="checkbox"/> Professional Licenses or Credentials          |
| <input type="checkbox"/> 55 or Over                                   | <input type="checkbox"/> Classes at Other Colleges                     |
|   | <input type="checkbox"/> Formal or Informal Apprenticeships            |

**Are you seeking assistance through any state/federal agency?**

Workforce Oklahoma  Vocational Rehab  Native American  VA  DHS  Other:

### CURRENT EMPLOYER

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

### EDUCATION

|   |  |
|---|--|
| <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Not Yet<br>Year Received: _____<br>High School Attended: _____ | All other Colleges, Vocational, or Technical schools attended:<br>1. _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>2. _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

### PROGRAMS OF INTEREST ( see back page for full listing of programs)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 Interested in Associates of Occupational Science Degree?  Yes  No

Who can we thank for referring you to the College? \_\_\_\_\_

If you were not referred, how did you hear about the College? \_\_\_\_\_

Future Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

College Official: \_\_\_\_\_ Date: \_\_\_\_\_

# Program List

| Community Care College                               | Clary Sage College                |
|--|-----------------------------------|
| Accounting Specialist                                | Barber                            |
| Business and Industry Management                     | Barber to Cosmetology Crossover   |
| Dental Assistant                                     | Basic Cosmetology                 |
| Early Childhood Education                            | Cosmetology to Barber Crossover   |
| Fitness and Health Trainer                           | Esthetician                       |
| Health Care Administration                           | Fashion Design                    |
| Medical Assistant                                    | Interior Design                   |
| Medical Billing & Coding                             | Makeup Artistry/Cosmetician       |
| Paralegal Studies                                    | Massage Therapy                   |
| Surgical Technologist                                | Master Instructor                 |
| Veterinary Assistant                                 | Master Instructor with Experience |
|  | Nail Technician                   |
| Oklahoma Technical College                           |                                   |
| Automotive Technology                                |                                   |
| Diesel Technology                                    |                                   |
| Heating Ventilation & Air Conditioning/Refrigeration |                                   |
| Welding Technology                                   |                                   |

To be filled out at the time of enrollment:

| EMERGENCY CONTACTS |                 |             |
|--------------------|-----------------|-------------|
| Name:              | Relation:       | Home Phone: |
| Address:           | City/State/Zip: | Cell Phone: |
| Name:              | Relation:       | Home Phone: |
| Address:           | City/State/Zip: | Cell Phone: |