TENNESSEE COLLEGES OF APPLIED TECHNOLOGY

ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

Personal Information

Full Legal Name

_____

Last First Middle

_____ _____

Address City

_____ _____ _____ _____

County State Zip Email Address

- - _____ / / _____ _____ Gender: ☐ M ☐ F

Social Security Date of Birth Age

Marital Status: ☐ Married ☐ Single Preferred Phone Number: _____

Race: Do you consider yourself to be Hispanic/Latino/Spanish origin? ☐ Yes ☐ No

Select one or more of the following racial categories to best describe you:

☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ White
☐ Black or African American

Citizenship status: ☐ US Citizen or US National ☐ US Dual Citizen ☐ US Permanent Resident or Refugee ☐ Other

US Forces Status: ☐ Currently Serving ☐ Previously Serving ☐ Current Dependent ☐ N/A

ALL MALES 18 OR OLDER **MUST** be registered with Selective Service. Have you registered for Selective Service?
☐ Not required to registered ☐ Registered ☐ Required to register, but not registered

Prior Education/ Training

Education (**insert highest level of education completed):** _____

Name of last high school attended: _____

High school graduation date (mm/yyyy): _____ GED Diploma Date _____

Are you seeking credit for prior education, training or work experience? ☐ *Yes* ☐ *No*

Program

Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)

_____

When will you be available to enroll in class? ☐ Fall ☐ Spring ☐ Summer

Do you plan to apply for financial aid? ☐ Yes ☐ No

Signature of Applicant: _____ Date of Application: _____

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