



APPLICATION FOR ADMISSION

For Office Use Only	
Application Date:	_____
Application Status:	_____
Application Fee:	_____
Processed By:	_____

Please Print Legibly

Completion of the application process requires submission of an **OFFICIAL TRANSCRIPT** from each postsecondary institution attended. If you have never attended college and graduated from high school prior to May 2003, you must submit an OFFICIAL TRANSCRIPT from the high school that you last attended. Submitting an incomplete or unsigned application will delay the admission process. (Louisiana students who graduated from high school after May 2003, see page 2 concerning high school transcripts.)

STUDENT INFORMATION	SOCIAL SECURITY NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	BIRTHDATE ____/____/____ Mo. / Day / Year
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First Name	Last Name	Middle Name	Name	Former Name (If applicable)
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Mailing Address	City	State	ZIP	Parish
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Home Phone	Cell Phone	Email Address:
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Emergency Contact Name	Relationship	Home Phone	Alternate Phone
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RACE/ETHNICITY:	GENDER:	INTERNATIONAL STUDENTS:
Are you of Hispanic/Latino origin? Yes / No (Circle response) Check all races that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship _____ Country of Residency _____ Current Visa Status _____ Resident Alien Number _____

ADMISSION INFORMATION

Campus:	
Program Major: Choose from campus program offerings	
Degree Type: Please check appropriate box	<input type="checkbox"/> Degree seeking – I intend to complete a certificate, diploma or associate degree program <input type="checkbox"/> Non degree – I am interested in selected courses only and do not intend to complete the entire program <input type="checkbox"/> CDA certification preparatory courses
Admission Status:	<input type="checkbox"/> First Time <input type="checkbox"/> Re-Entry <input type="checkbox"/> Transfer <input type="checkbox"/> Cross Enrolled (pursuing degree at another NTC/College)

EDUCATIONAL INFORMATION

High School Information	GED Information	Dual Enrollment Information
High School Diploma <input type="checkbox"/> No <input type="checkbox"/> Yes Year _____ GPA _____ Rank: ____ Out of ____ Name of High School _____ Year of Graduation _____ Have either your mother or father graduated from a postsecondary institution? <input type="checkbox"/> No <input type="checkbox"/> Yes	General Equivalency Diploma (GED) <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Year _____	Are you currently a HS Student? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, will you receive HS credit for courses taken? <input type="checkbox"/> No <input type="checkbox"/> Yes Did you participate as a Tech Prep student in articulated credit? <input type="checkbox"/> No <input type="checkbox"/> Yes

List NTC / LTC Campuses and/or Colleges Attended				
Name of Institution	City, State	Dates Attended		Degree/Diploma/Certificate
		From: Mo./Yr.	To: Mo./Yr.	

PLEASE PROVIDE THE FOLLOWING INFORMATION

CERTIFICATION OF RESIDENCY

How long have you lived in Louisiana? _____ Years _____ Months
 Documentation utilized to verify current residency (only one required).
 Tuition will be doubled until student can prove residency status.

- Louisiana Drivers License # _____ Date of Issue _____
- Louisiana Vehicle Registration # _____ Date of Issue _____
- Louisiana Voter's Registration # _____
- Louisiana Income Tax Return showing tax paid _____
- Other _____

**CERTIFICATION OF SELECTIVE SERVICE REGISTRATION
 (Complete the Lettered Item that describes your registration)**

- A.** I certify that I am not required to be registered with Selective Service because: (Check one)
- I am female
 - I am in the armed services on active duty (Note: Members of the Reserves and National Guard are not considered on active duty)
 - I have not reached my 18th birthday
 - I was born before 1960
 - I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands
 - I am a Veteran
- B.** I certify that I am registered with the Selective Service.

Selective Service Number: _____

PRIVILEGED INFORMATION RELEASE

I hereby authorize this school's officials or instructors to release information concerning my school records to my parent or guardian, present or former high school, schools to which I may transfer, agencies from which I am receiving financial aid, prospective employers, or other official inquiries. I understand in executing this authorization I waive the right for such information to be privileged and that a photocopy of this authorization shall be as valid as the original.

_____ Yes _____ No

Student signature _____ Date _____

AUTHORIZATION

High School Transcript Release

Statement of Information Accuracy

I do hereby authorize Louisiana public postsecondary education access to my academic records.

I certify that all of the information provided on this form is true and correct.

Applicant's Signature _____ Date _____

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PLACEMENT SCORES:	ACT	ASSET	COMPASS	TEST DATE
Reading	_____	_____	_____	____/____/____
Mathematics	_____	_____	_____	____/____/____
English/Writing	_____	_____	_____	____/____/____

EQUAL OPPORTUNITY STATEMENT

Northshore Technical Community College adheres to the equal opportunity provisions of federal civil rights laws and regulations that are applicable to this agency. Therefore, no one will be discriminated against based on race, color, national origin (Title VI of the Civil Rights Act of 1964), sex (Title IX of the Education Amendments of 1972), Disability (Section 504 of the Rehabilitation Act of 1976 in attaining educational goals and objectives and in the administration of personnel policies and procedures). Anyone with questions regarding this policy may contact Equal Employment Opportunity Commission at 800-669-4000.