

South College - Asheville

140 Sweeten Creek Rd • Asheville, NC 28803 • 828-398-2500

APPLICATION FOR ADMISSION

Please print or type and answer each question carefully.

Full Legal Name _____ Home Phone _____
LAST FIRST MIDDLE

Address _____ City/State/Zip _____

E-mail _____ Cell Phone _____

*Age _____ *Date of Birth _____ *Place of Birth _____

* Social Security # _____ *Race _____ *Sex: Male Female

*INFORMATION NEEDED FOR STATISTICAL REPORTING TO US DEPT. OF EDUCATION

Employed by _____ Business Phone _____

Spouse's Name _____ Address _____ Phone _____ Employer _____

Father/Stepfather/Guardian _____ Address _____ Phone _____ Employer _____

Mother/Stepmother/Guardian _____ Address _____ Phone _____ Employer _____

TWO REFERENCES FROM HOME LOCALITY OTHER THAN RELATIVES OR STUDENTS

Name _____ Address _____ Phone _____ Employer _____

Name _____ Address _____ Phone _____ Employer _____

PROGRAM OF STUDY YOU PLAN TO PURSUE _____

QUARTER: Fall Winter Spring Summer Mid-Quarter YEAR _____ SCHEDULE: Day Evening

High School Attended _____ City/State _____

Date Graduated or Expect to Graduate _____

If you are not a high school graduate, do you hold a GED certificate? Yes No

If so, GED Certificate issued by _____ Date of GED Certificate _____

Have you had education beyond high school? Yes No

If so, list all colleges and vocational schools previously attended.

COLLEGE NAME ADDRESS CITY/STATE DEGREE (If any) DATES ATTENDED

ARE YOU ELIGIBLE FOR VA EDUCATIONAL BENEFITS? Yes No DO YOU WISH TO APPLY FOR FINANCIAL AID? Yes No

TRANSFERABILITY OF CREDITS TO/FROM OTHER COLLEGES

Every college has the authority to establish its policies relating to the acceptance or denial of transfer credits for courses taken at another institution. For this reason, South College-Asheville does not guarantee that another college will accept credits earned at South College-Asheville. Every attempt will be made to give students requesting credit transfer to South College-Asheville a thorough appraisal related to their educational goals at South College-Asheville.

APPLICATION FEE: \$50.00 I certify that all statements made in this application are complete and true. I understand that every student enrolling at South College-Asheville agrees to abide by all policies and regulations of the college that may be found in the Student Handbook and/or in the College Catalog.

Signature of Applicant _____ Date _____

Parent Signature (if applicant is under 18 years of age) _____ Date _____

Admissions Representative _____ Date _____

Release

At the request of South College-Asheville, I hereby release the aforementioned firm from any debts, claims, actions, causes of action, demands, suits, and all liabilities whatsoever both in law and equity, which may result from participation in any telecast or still photography made by or produced by South College-Asheville.

In doing so, I hereby grant South College-Asheville the right to use my name, photograph, likeness, or voice in any production connected with the college.

I hereby represent and warrant that I am of full age and have every right to contract in my own name in the above regard. I further state that I have read the above authorization and release prior to its execution and that I am fully aware of the contents thereof.

Student's Signature Date

Parent's Signature (If student is a minor) Date

Witness Date

Medical Assisting Students (*only*)

In consideration for the acceptance of _____ (*name*) into the medical assisting program, I agree to the performing of minor laboratory procedures on the student named above for the purpose of furthering the training of students in laboratory procedures.

I understand the procedures will include injections, the drawing of blood from the vein, the pricking of the end of the finger and/or the earlobe. I further understand that these procedures will be carried out in the laboratory setting and through the use of professionally recognized techniques. I further understand that students as well as members of the college faculty will perform these procedures, but that a member of the faculty, well qualified in these procedures, will always be present during the performance of these techniques.

I further agree to release the college, its officers, faculty, staff and participating students from any damages or injuries sustained by the above named student as a result of having the above described laboratory procedures administered to his/her person.

Student's Signature Date

Parent's Signature (If student is a minor) Date

Witness Date

South College-Asheville is dedicated to equality of opportunity within its community. Accordingly, the college does not practice or condone discrimination, in any form, against students, employees, or applicants on the grounds of race, color, national origin, religion, sex, age, or handicap. It is committed to positive action to secure equal opportunity regardless of those characteristics.