

Social Security Number

OUACHITA TECHNICAL COLLEGE APPLICATION FOR ADMISSION

___ Fall
___ Spring 20___ Year
___ Summer I
___ Summer II
___ Summer III

Please Print Legal Name: Last First Middle

List All Former Last Names _____

PERMANENT HOME ADDRESS

Number & Street or Route & Box City State ZIP
() _____
Home Phone Work Phone County
() _____
Cell Phone Message Phone E-Mail Address
Length of time at current address? _____ If less than six months, list previous city/state _____

EMERGENCY CONTACT

Last Name First Name Relationship
Number & Street City State ZIP Telephone Number () _____

PERSONAL INFORMATION

NEEDED FOR COMPLETION OF VARIOUS FEDERAL AND STATE REPORTS

This information is used for statistical and affirmative action purposes and cannot affect your eligibility for admission.

DATE OF BIRTH (MMDDYYYY): _____

GENDER: Male Female

RACE/ETHNICITY

Are you Hispanic or Latino? Yes No

What is your race? *You may check more than one.*

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian or other Pacific Islanders
- White

What do you consider your **primary race/ethnicity**?

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic
- Native Hawaiian or other Pacific Islanders
- White

HAS EITHER OF YOUR PARENTS GRADUATED FROM COLLEGE? Yes No

If yes, check who has graduated from college: Mother Father Both Legal Guardian

CITIZENSHIP (check one)

- U.S. Citizen
- Non-Resident Alien

Country of Citizenship _____

Visa Type _____ Expiration Date _____

Permanent Resident Alien
Country of Citizenship _____
Alien Registration Number: A _____

MARITAL STATUS: Single Married Separated
 Widowed Divorced Living as if married

Check here if you are a Single Parent

Check here if you are a Displaced Homemaker

Have never worked outside the home or have diminished marketable skills.

Check here if you are an AFDC/TEA recipient

Number of Dependent Children _____

ACADEMIC INFORMATION

ENROLLMENT STATUS (mark one)

- First-time entering student (You have NEVER attended a college/university.)
- Readmitted student (You have previously attended OTC; this does NOT include OVTS.)
- Transfer student (You have previously earned college credit from a higher education institution other than OTC.)
- Current high school student at _____ High School Expected year of graduation _____
- College graduate of _____ Degree earned _____

HIGH SCHOOL EQUIVALENCY

- High school graduate: _____
School Name City State Year of Graduation
- GED recipient: _____ (Date received)
- Home school graduate: _____ (Date of graduation)
- Current high school student

List in chronological order all colleges/universities that you have previously attended:

Name of College/University	City	State	Last Year Attend	Degree Earned

- Were you dually enrolled in high school? (enrolled in college classes while in high school) Yes No
- Are you on academic suspension from another college/university? Yes No
(If yes, you must complete your term of academic suspension before entering OTC to ensure acceptance by your primary institution.)
- Are you on academic probation from another college/university? Yes No

WHY DO YOU WISH TO ENROLL AT OTC

EDUCATIONAL GOALS

Seeking College Credit While in High School (Concurrent Student)

- High School Student

Seeking a College Degree

- Associate (AA, AAT, AAS) Certificate of Proficiency
- Transfer to a 4-year Institution without a degree Taking Classes Only/ Not Seeking a College Degree
- Technical Certificate Other: _____

DEGREE PLANS AT OTC

CHOOSE ONE OF THE FOLLOWING

Associate of Arts Degree-AA

- General Education – I plan to complete this degree to transfer as a junior to another college/university.

Associate of Arts in Teaching Degree-AAT

- P-4
- Middle School Math
- Middle School Language Arts and Social Science

Associate of Applied Science Degree – AAS

(2 yr. program which readies student for workforce)

- Accounting
- Computer Information Systems
- Criminal Justice
- Early Childhood Education
- General Technology
- *LPN/Paramedic to RN
- Management
- Medical Office Administration
- Office Administration

Technical Certificate

(1 yr. program)

- Accounting
- Computer Information Systems
- Computer Repair
- *Cosmetology
- Management
- Medical Coding
- Medical Office Administration
- Medical Transcription
- Office Administration
- *Practical Nursing (LPN)

Certificate of Proficiency

- Certified Nursing Assistant
- Cisco Certified Networking Associate
- Computer Programming
- Computer Repair
- Criminal Justice
- Early Childhood Education
- Medical Office Administration
- Medication Assistant
- Microsoft Certified Professional
- Network Security
- Pre-Allied Health
- Truck Driver Training

*Additional application required

Contact Student Affairs to receive accommodations through Americans with Disabilities Act.

What was the primary method by which you learned about OTC? (Check one only.)

- Career Day, Job Fair, etc. Info mailed to your home Friend, Relative Present/former OTC student
 High School counselor/teacher Radio/television Newspaper Other

An official copy of your high school and any college transcripts or GED certificate must be submitted to OTC to complete this application. Test scores may also be required. In addition, the State of Arkansas requires students to provide proof of immunization against measles, mumps and rubella. The immunization must be one year after date of birth and since 1968.

Federal law prohibits OTC from releasing any information concerning your records without express written authority from you. When seeking employment, if you list this college or any of its employees as references, information cannot be released without your written authorization. Additionally, OTC periodically conducts an employer survey and requests data on students transferring to other institutions to determine curriculum effectiveness. Your signature below gives OTC your consent to release and request the information to and from the parties discussed.

I certify that the information contained on this application is true and correct to the best of my knowledge.

Student Signature: _____ Date _____

STATE OF ARKANSAS – STATEMENT OF SELECTIVE SERVICE STATUS IN COMPLIANCE WITH ACT 228 OF THE 1997 ACTS

I understand that to be eligible for admission to Ouachita Technical College, I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx §451 et seq., as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. I therefore swear or affirm under penalty of perjury that I have registered with the Selective Service System, or I am exempted from such registration because of the following provision(s) of the Military Selective Service Act or Act 228 of the 1997 Acts of the Arkansas General Assembly.

- I am a Female
 I am a current member of the armed forces on active duty
 I am under 18 years of age
 I am 26 years of age or over
 I am an exempted resident alien
 Other, specify below

Name (PLEASE PRINT)

Signature

Social Security Number

Date

IMMUNIZATION RECORD RELEASE

I give permission for a staff member of Student Affairs at Ouachita Technical College to search the Arkansas Department of Health and Human Services' Immunization Data Base to verify that I have received the required measles and rubella immunizations, after I have attempted to retrieve these records from my high school or other college attended. I will notify the OTC staff the need to do so.

Student Name (PLEASE PRINT)

Date

Student Signature

Witness

Date

Return completed Admissions Packet to:
Ouachita Technical College
Office of Admissions
One College Circle
Malvern, AR 72104