

Admissions Representative _____

Media Code _____

MEDICAL TRAINING COLLEGE

10525 Plaza Americana / Baton Rouge, LA 70816 / Phone: (225) 926-5820 / Fax: (225) 928-9795

Application For Admission

Massage Therapy Dental Assistant Medical Assistant Medical Office Specialist
 Day Classes Night Classes

Program Start Date ____ / ____ / ____

Application Date ____ / ____ / ____

Identification Information

Name _____ Maiden Name _____

First Middle Initial

Last

Mailing Address _____ City _____ State _____ Zip _____

Social Security Number ____ - ____ - ____ Driver's License Number _____ State Of DL Issue ____

Home Phone _____ Cell Phone _____ E-mail Address _____

Age _____ Date Of Birth ____ / ____ / ____ Birthplace _____

Are you a Louisiana resident? Yes No If yes, how many years? _____ Are you a U.S. citizen? Yes No**Race**

African-American Asian Hispanic
 American Aboriginal White Other

Sex

Male
 Female

Marital Status

Single Married
 Separated Divorced Widowed

Employment

Student's Employer _____

Work Phone _____ Position _____

Employment

Spouse's Employer _____

Work Phone _____ Position _____

Parent / Guardian Information
(Where Applicable)

Name _____

Address _____

Home Phone _____ Work Phone _____

Emergency Contact Information

Name _____

Address _____

Home Phone _____ Work Phone _____

EducationName Of High School _____ High School Graduate G.E.D. Non-Graduate _____
(Last Year Completed)Have you had education beyond high school? (Not including Medical Training College) Yes No If yes, please list below:

School _____

Program Or Course Of Studies _____ City / State _____

Attended From _____ To _____ Graduated Yes No If yes, year of graduation _____

School _____

Program Or Course Of Studies _____ City / State _____

Attended From _____ To _____ Graduated Yes No If yes, year of graduation _____**Health**Do you have any health problems that could hinder your employment in the program you wish to study? Yes No
If yes, explain _____Have you had any contagious diseases in the last two years? Yes No If yes, explain: _____**COMPLETE REVERSE SIDE OF APPLICATION**

Rev 11/03

Legal Circumstances

Have you ever been indicted for, or convicted of a crime? Yes No If yes, explain: _____

Personal References

Name _____ Phone No. _____ Relationship _____

Address _____ Employer _____

Name _____ Phone No. _____ Relationship _____

Address _____ Employer _____

Name _____ Phone No. _____ Relationship _____

Address _____ Employer _____

ADMISSION REQUIREMENTS

1. Applicant must be at least 17 years of age at the time of the program start date, and 18 years of age at anticipated graduation date.
2. Applicant must be a High School graduate, or have obtained a G.E.D. certificate.
3. Applicant must complete a personal interview with the appropriate college personnel prior to acceptance. Appropriate personnel would include, but may not be limited to, Admissions Department personnel and/or the Director.

Prospective students should call or write the College to arrange an appointment for a personal interview. At the time of the appointment, parents, spouse, or other interested parties should accompany the applicant.

THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION

- \$100 Application Fee. Make checks or money orders payable to **Medical Training College**.
- A recent photograph. (Note: A driver's license or other photo identification will serve for this purpose. Your Admissions Representative can make a photocopy of your driver's license or other State identification.)

REQUEST FOR ADMISSION

I hereby apply for admission as a student for the _____ Program, as of the application date noted on the reverse side of this sheet. If I am accepted for admission, I understand that I must sign an **Enrollment Contract** which obligates me to the terms and conditions set forth in the **Enrollment Contract** during my period of enrollment.

Also, if accepted, I agree to abide by all rules and regulations of the College as stated in the catalog current at the time of my enrollment. I also certify that the information given above, which the College is authorized to verify, is true and correct, and I agree to notify the school of any material change in the facts.

Requested Entrance Date _____ **Choose One:** Day Classes Night Classes

Student's Signature _____ **Date** _____

Parent / Spouse's Signature _____ **Date** _____