

**INTERCOAST COLLEGES/INTERCOAST CAREER INSTITUTE APPLICATION FOR ADMISSIONS**

Last Name	First Name	Middle Initial	Maiden Name
Address	City	State	Zip Code
( )	( )		
Home Telephone Number	Work Telephone Number	Date of Birth	
Social Security Number	Driver's License Number	Name on high school academic records	

Please provide three complete references of people who know you well, and support your commitment to attending school:

Name	Relationship	Address	Home Phone	Cell Phone

**EDUCATIONAL INFORMATION**

Are you a high school graduate? Yes No If no, do you have a G. E. D.? Yes No

HIGH SCHOOL GRADUATED FROM (OR LAST ATTENDED):

Name of Institution	City	State	Date Diploma Received
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Have you applied to InterCoast before? Yes No If yes, when? \_\_\_\_\_

Program of Study which you are applying? \_\_\_\_\_ You are applying to begin classes on: \_\_\_\_\_

Do you have any negative legal history that may affect your ability to obtain employment in the field? (Please initial appropriate box):

\_\_\_\_\_ No, I do not have a negative legal history.  
\_\_\_\_\_ Yes, I do have a negative legal history. If yes, Please detail your negative legal history here:

(Negative legal history includes but not limited to child/elder abuse, domestic violence, sex crimes.) You must disclose all prior legal history for admissions consideration.)

Are you in Recovery? \_\_\_Yes \_\_\_No If Yes, length of time in recovery: \_\_\_\_\_ years and \_\_\_\_\_ months

Have you set money aside for you education? \_\_\_\_\_ Will you be seeking financial assistance? \_\_\_\_\_

I certify that all the information contained in this application, and in all the supplemental materials which I shall submit, is accurate and true. I further understand that any submitted records and documents are not returnable.

Print Name	Date
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Signature \_\_\_\_\_

FOR SCHOOL USE ONLY: STATUS OF APPLICANT: \_\_\_Approved \_\_\_Denied \_\_\_Pending/More Info Needed  
Approved for Enrollment by: \_\_\_\_\_ (DOA)  
Program Director/Corporate Education Coordinator: \_\_\_\_\_ (Required if negative legal history/exception)  
Campus Director Approval: \_\_\_\_\_ (Required)  
*(Note: Please complete Student Counseling Form for any approved exceptions or negative legal history.)*