

Office Use Only:

Admission Application

Please complete all pages and submit with required documents at least two weeks prior to the beginning of the semester or class:

> **Workforce Education Dept. Eastern WV Community & Technical College** 316 Eastern Drive, Moorefield, WV 26836 FAX: 304-434-7003

WorkforceEd@easternwv.edu

HS Transcript **GED Test Scores** Selected for Verification **HEAPS** Student ID # _____

Social Security Number: Birth Date Gender Male Female Mailing Address Phone Street/Box Number City County State Zip E-mail Mobile Phone What year did/will you graduate? **Please check ALL ethnicity codes that apply to you: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White Hispanic/Latino Are you a United States Citizen? DO NOT Email Form with SSN. Only use when faxing, mailing, or hand delivery. BD NOT Email Form with SSN. Only use when faxing, mailing, or hand delivery. Phone **Tipe Touris All Young T	Name	First	Middle		
Mailing Address Street/Box Number City County State Zip E-mail Mobile Phone Please check ALL ethnicity codes that apply to you: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White Hispanic/Latino Are you a United States Citizen? Yes No Was you learn about Eastern's Workforce Department? Pick All that apply: College Fair/Job Fair Family Friend Brochure Internet Post Newspaper, Mail, Social Media (type): Course/Program: I certify that all the information provided in this application is complete and correct to the best of my knowledge. I understand that any false informatio to residency, citizenship and previous college attendance is cause for suspension from Eastern WV CTC. I also will acquaint myself with and abide b student code of conduct, including compliance with the Drug-Free Schools and Communities Act, and other requirements governing the academic anstandards of Eastern WV CTC.					
Mailing Address Street/Box Number City County State Zip E-mail Please check ALL ethnicity codes that apply to you: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White Hispanic/Latino Are you a United States Citizen? Yes No Was paper, Mail, Social Media (type): Course/Program: Course/Program: Course/Program: Start Date: Course/Program: Course/Program: Course/Program: Course/Program: Course/Program: Start Date: Signature of Student Date	Social Security Number.	<u>DO NOT Email Form with SSN</u> . C	only use when faxing, mailing, or hand de	elivery.	
City County State Zip	Birth Date	Gender Male Female			
City County State Zip	Mailing Address	0:	Phone		
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Signature of Parent/Guardian if under age 18 Date	Signature of Student		Date		
	Signature of Parent/Guardian if under age 18		Date		
Emergency Contact: Emergency Contact's Phone #:			Emergency Contact's Phone #:		

^{*}Equal Opportunity Policy Eastern West Virginia Community & Technical College pursuant to the requirements of Titles IV, VI, VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, does not discriminate against applicants, employees or students on the basis of race, color, religion, sex, disability, age or national origin in its employment policies and/or educational programs or activities, including admission to such. EEO Coordinator: Jaennae Snyder, 304-434-8000.