



Application for Admission

Southeastern Technical Institute hereby provides notice that it does not discriminate in admission or employment in any of its educational programs or activities on the basis of race, color, sex, religion, national origin, sexual orientation, or disability.

PLEASE PRINT CLEARLY

Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Name: _____ Phone: (____) _____

Name of Employer: _____ Work Phone: (____) _____

Military Service: _____ Social Security #: _____

High School Attended: _____
Name City/Town

Year of Graduation: _____ GED: yes no Date: _____ Last Grade Completed: _____

OTHER COLLEGES ATTENDED:

Name of College: _____ Year Graduated: _____

Certifications/Degrees: _____

Do you plan on applying for Financial Aid? yes no not sure

PROGRAMS *(Please check the program you are applying for below)*

Full Time Day Programs:

- _____ Dental Assisting
- _____ Medical Assisting

Part Time Evening Programs:

- _____ Massage Therapy
- _____ Heating, Ventilation & Air Conditioning
- _____ Phlebotomy

**A NON-REFUNDABLE APPLICATION/TESTING FEE OF \$20.00
MUST ACCOMPANY THIS APPLICATION**

VOLUNTARY EQUAL EDUCATIONAL OPPORTUNITY INFORMATION

The following information is for Affirmative Action purposes only. It does not affect any Admission decisions.

1. Gender: Male Female
2. Date of Birth: _____
3. Place of Birth: _____
4. Marital Status: Married Single Divorced Number of children in your custody _____
5. Are you a displaced homemaker who now needs to provide for the support of a family? Yes No
6. Do you have a disability that requires special accommodations? Yes No
7. Language spoken at home: _____
8. Are you Hispanic or Latino? *Select only one*
____ No, not Hispanic or Latino
____ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
9. What is your race? *You may select one or more races*
____ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
____ Black or African American: a person having origins in any of the black racial groups of Africa.
____ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South American (including Central America) who maintains tribal affiliation or community attachment
____ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Island, Thailand, and Vietnam.
____ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Are you a: (check one) U.S. Citizen U.S. Permanent Resident Other (explain) _____

Do you currently have an educational VISA? yes no If YES, what is your current VISA? _____

If yes, country of citizenship: _____

Please Note: *Southeastern Technical Institute has a published admission policy that is available to all applicants as part of the admission process. The policy gives the admission criteria, as well as a description of the entire admission process. This application form must be completed and submitted to the Southeastern Technical Institute. In addition to this application form, other criteria for admission include, high school transcripts/GED, college transcripts, (1) letter of reference, completed Accuplacer[®] Admissions Examination and a scheduled interview with the designated program director. Forward all documents to the: Southeastern Technical Institute, 250 Foundry Street, South Easton, MA 02375*

How did you find out about our school? _____

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE

Student's Signature

Date

***Practical Nurse Program has a separate application.
Please call Southeastern Technical Institute for Practical Nurse application***

***Please Send completed application form and \$20.00 application/testing fee to:
Southeastern Technical Institute - 250 Foundry Street, South Easton, MA 02375***