PROGRAM APPLICATION

AUTOMOTIVE TECHNOLOGY

PERSONAL INFORMATION		
Student ID/LoLA ID		
Last Name	First Name	Middle Name
Home Phone Number ( ) -	Cell Phone Number ( ) -	
E-Mail Address	Driver's License Number/State	
Date of Birth (Month/Date/Year) - -		
Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No	If yes, what crime and when?	

PROGRAM INTEREST	
Which program interests you? ☐ Automotive Technology (Associate of Applied Science) ☐ Diesel Heavy Truck Technology (Associate of Applied Science)	

EDUCATIONAL INFORMATION	
Do you have a high school diploma or equivalency? ☐ Yes ☐ No	Date Obtained
Have you previously been enrolled in an Automotive technology program at any other institution? ☐ Yes ☐ No	If yes, what school? Why did you leave that program?

I would like to apply for admission to the Automotive Technology Program. I understand that any attempt on my part to falsify or exclude information is cause for disqualification of my application and/or dismissal from the program. I hereby certify that all information presented is true to the best of my knowledge.

Student Signature _____Date _____ Time _____

Received by _____Date _____ Time _____