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| **MT TRAINING CENTER – APPLICATION FOR ADMISSION** |
| OFFICE OF ADMISSIONS1801 S. GREAT SOUTHWEST PARKWAYGRAND PRAIRIE, TX 75051www.mttraining.org |  |  | MT Logo.jpg |
| **PLEASE PRINT OR TYPE, USE DARK INK** |
| **DATE OF APPLICATION** |
| MM/DD/YYYY |
| **LEGAL NAME** |
| Last Name | First Name | Middle Name | Suffix (Jr, Sr, III) | Preferred First Name |
| **OTHER NAMES UNDER WHICH YOUR RECORDS MAY APPEAR** |
| Other Name 1 | Other Name 2 | Other Name 3 | Maiden Name |
| **STUDENT INFORMATION** |
| U.S. Social Security Number\* | Birth Date MM/DD/YYYY | GenderMale  Female  |  |
| **STUDENT PERMANENT HOME ADDRESS** |
| Number | Street Name | City | State | Zip Code | Country |
| **MAILING ADDRESS FOR REPLY** |  | Check here if same as above |
| Number | Street Name | City | State | Zip Code | Country |
| **PHONE NUMBER AND E-MAIL ADDRESS** |
| Home Telephone( ) | Cell Phone( ) | Work Phone( ) | Email Address  |
| **EMERGENCY CONTACT INFORMATION** |
| Last Name | First Name | Middle Name | Phone( ) |
| Last Name | First Name  | Middle Name | Phone( ) |
| **CITIZENSHIP INFORMATION: Please check the appropriate box** |
|  | U.S. Citizen | Country of Birth | Country of Citizenship (if not U.S.) |
|  | U.S. Permanent Resident |
|  | Non-U.S. Citizen |
| **RESIDENT STATUS** |
|  TX Resident: |  | Yes |  | No | How Long:  | Years | Months |  | Non-Resident |
| **ETHNICITY** |
|  | Hispanic of any race |  | Non-Hispanic |
| **RACE INFORMATION:** (Race information is voluntary and is requested for reporting purposes only, in accordance with the 1964 Civil Rights Act as amended (U.S. Citizens Only) |
|  |
|  | White |  | Black or African-American American |
|  | Hispanic/Latino |  | Asian |
|  | Native Hawaiian or Other Pacific Islander (Indicate Tribe of Enrollment) |  |
|  | Indian or Alaska Native  |  |
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| (Please list your American Indian or Alaskan Native Tribal Affiliation in the space provided and submit a copy of your tribal membership card to the Office of Admissions for the purpose of eligibility for programs and services) |
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| **U.S. VETERAN INFORMATION** | **SELECTIVE SERVICE REGISTRATION – Have you registered with Selective Service?** |
| Veteran |  | Yes |  | No |  | Yes |  | No |  | Not Applicable – I am not required to register with Selective Service |
|  |
| **LEGAL NAME** |
| Last Name | First Name | Middle Name | Suffix (Jr, Sr, III) | Preferred First Name |
| **EDUCATIONAL PROGRAM FOR WHICH YOU ARE SUBMITTING YOUR APPLICATION - (Please also indicate DAY or EVENING Class Preference)** |
|  | Clerical Skills Training |  | Computer Numerical Control (CNC Machinist) |  | Computerized Accounting |
|  | EKG Technician |  | Medical Billing & Coding |  | Medical Front Office |
|  | Medical Secretary |  | Medical Transcription |  | Truck Driver Training |
|  | Combination Welding |  | ESL (pre-vocational training) |  | GED (pre-vocational training) |
|  | **DAY CLASSES PREFERRED** |  | **EVENING CLASSES PREFERRED** |  | Business Office Specialist |
| **YOUR EDUCATIONAL LEVEL – Please Provide Transcripts for All Educational Institutions You Have Attended** |
|  | Less than high school |  | GED passed |
|  | Currently in high school |  | Some college credits |
|  | Certificate of high school completion |  | Associate’s degree |
|  | Official high school diploma |  | Bachelor’ degree or higher |
| **HIGH SCHOOL INFORMATION** |  | Not Applicable |
| Graduation Date MM/DD/YYYY | Name of High School | City and State of High School |
| Graduation Date MM/DD/YYYY | Name of High School | City and State of High School |
| Graduation Date MM/DD/YYYY | Name of High School | City and State of High School |
| **COLLEGE INFORMATION** |  | Not Applicable |
| Graduation Date MM/DD/YYYY | Name of Institution | City and State of College |
| Graduation Date MM/DD/YYYY | Name of Institution | City and State of College |
| Graduation Date MM/DD/YYYY | Name of Institution | City and State of College |
| **DISCLOSURE –** This section is mandatory. Failure to complete fully may either delay your application or affect your enrollment status should you be enrolled. |
| Have you ever been expelled from a high school? |  | Yes  |  | No |
| Have you ever been expelled or suspended from a college or university as a result of a **NON-ACADEMIC** issue? |  | Yes  |  | No |
| Are you currently under a felony indictment? |  | Yes  |  | No |
| Have you ever been convicted of a felony? |  | Yes  |  | No |
| Have you ever entered a plea of guilty or nolo contendere? |  | Yes  |  | No |
| Have you ever received a suspended/deferred sentence to a felony charge? |  | Yes  |  | No |
| Have you ever had a protective order issued against you? |  | Yes  |  | No |
| If you answered YES to any of the above questions, please write a description of the circumstances on a separate paper and submit to the Office of Admissions with your application. No decision will be made on your application until you have provided this documentation.  |
| **AFFIRMATION** |
| I affirm by my signature that I have furnished all information requested in this application. I understand that submitting any false information to the MT Training Center, including but not limited to: false transcripts, test scores or any information contained on this form, or withholding information about my previous academic history will make my application to the MT Training Center, as well as any future applications, subject to denial and/or expulsion from the school.  |
| Applicant Signature | Date of Application |
|  |  |
| **AREA FOR OFFICE USE ONLY** |
| TERM ENTER | ADMIT TYPE | STUDENT TYPE | RES | APPL FEE  |  | EX | FEL |
| \*Not required for admission, but it is used for IRS reporting and Financial Aid. It will not be on your student ID. You will be notified of your permanent MT Training Center ID once it has been assigned. |