



This form is to be used by students apply for admission. All fields must be completely filled.

**PLEASE TYPE OR PRINT CLEARLY**

PERSONAL DETAILS	
Full Legal Name _____	
Other Names Used _____	Date of Birth (mm/dd/yyyy) _____
Social Security #* _____	
*Required for all Degree-Seeking students	

CONTACT DETAILS	
Email Address _____	
Home Telephone _____	Mobile Telephone _____
Residential Address _____	
City, State, Zip Code _____	

ACADEMIC PROGRAM	
<input type="checkbox"/> AS Telecommunications Technology	<input type="checkbox"/> AS Electric Power Systems Operations
<input type="checkbox"/> Certification Program	<input type="checkbox"/> Professional Development (non-degree)

STUDENT DEMOGRAPHICS	
Immigration Status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: _____
Racial Background (select only one)	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Multi-racial <input type="checkbox"/> Decline to state

**ACADEMIC BACKGROUND**

Verification of high school graduation and/or possession of a GED are **REQUIRED** for APT acceptance.

Institution Name	City, State	Diploma or Degree	Year Earned	Documentation
High School or GED				<input type="checkbox"/> Attached <input type="checkbox"/> To Follow
College				<input type="checkbox"/> Attached <input type="checkbox"/> To Follow
College				<input type="checkbox"/> Attached <input type="checkbox"/> To Follow
Technical School				<input type="checkbox"/> Attached <input type="checkbox"/> To Follow

**STUDENT DECLARATION**

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorize Applied Professional Training, henceforth referred to as "the College," to obtain information concerning my academic record from any school, university, or other institution attended by me. If I am accepted as a student at the College, I hereby agree to abide by all equal opportunity, drug, and institutional rules and regulations of the College. The College collects, stores, and uses personal information only for the purposes of administering student and prospective student admissions, enrollment, and education. The information collected is confidential and will not be disclosed to third parties without your explicit consent, except to meet government, legal, and other regulatory agency requirements.

Signature _____	Date _____
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<p><b>Return Application Packet, Transcript(s) and documentation to:</b></p> <p>Admissions and Records Applied Professional Training P.O. Box 131717 Carlsbad, CA 92013</p>	<p><b>Contact Us:</b></p> <p>Phone    800-431-8488 Fax        888-431-8588 Website   <a href="http://www.aptc.edu">www.aptc.edu</a></p>
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This form may be faxed.

