

Application for Admission



Please print or type – for electronic application: tinyurl.com/apply-jefferson

OFFICE USE ONLY

Emp I.D. _____ Date Entered: _____ Advisor: _____

Legal Name _____ Preferred Name _____
First, Middle, Last Name

Address _____

City _____ State _____ County _____ Zip Code _____

Preferred Phone _____ Email _____

Cell Home Business

Cell phone number and/or email address is required.

Gender* Male Female Social Security Number _____ Date of Birth _____
mm/dd/yyyy

US Citizen?: Yes No If not a US citizen are you a permanent resident alien of the US? Yes No Resident Alien # _____
(attach a copy of front and back of green card)

Primary Race/Ethnicity* American Indian/Alaskan Native Asian Black/African-American Hispanic/Latino Native Hawaiian/Other
 Pacific Islander White Not Specified

Military Status: Active Military National Guard Active Reservist Inactive Reservist Will You Be Receiving Veteran's Benefits? Yes No

Starting Term: Summer Fall Spring Year _____ Home KCTCS Campus _____
(NOTE: If your starting enrollment term changes after you submit the application, please contact the Admissions Office.)

Program of Study _____ Sub-plan _____
(if applicable)

Please list all the names that you have used on previous educational records. _____

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- Admit Status:** First-Time College Student Readmit *(attended KCTCS previously)* Non-Degree High School *(taking college courses prior to graduation)*
- First-Time Transfer *(eligible to return to your former college?)* Yes No
Transcripts from all previously attended institutions are required before applicant can be admitted.
- Visiting Student *(Visiting students should submit letter of good standing from their college.)*

High School Attended _____
(If you earned a GED, enter GED for High School Name.) High School Name, City, State/County

High School Graduation Date _____ **or GED Completion Date** _____

Other postsecondary institutions attended and dates: *(An official transcript from each institution listed is required for admission.)*

<i>College</i>	<i>City</i>	<i>State</i>	<i>Dates Attended</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

KY RESIDENTS - Have you lived in Kentucky for the last 12 months? Yes No **KY RESIDENTS - Does either parent live in Kentucky?** Yes No

NON RESIDENTS - How long have you been living in your non-Kentucky county? _____

NON RESIDENTS - Name of non-Kentucky county, if less than one year? _____

Unless otherwise indicated, all information on this form must be complete and accurate. Withholding or providing false information may make you ineligible for admission or enrollment. You will not be officially admitted to this college until all required credentials are received by this Admissions Office. If you do not enroll, application materials will be retained on file for one year.

Although there is not an application fee, upon signing this you acknowledge responsibility for all financial obligations you incur if you enroll as a student in the KCTCS, including any costs associated with the collection of your account.

KCTCS is an equal opportunity employer and education institution.

Signature _____ **Date** _____