

# GRCC Computed Tomography Program

All degree-seeking students must provide official high school and/or college transcripts.

## Personal Information (Please print clearly.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden/Previous Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) (required): \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Permanent Street Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I have lived at my permanent address since (MM/YYYY): \_\_\_\_\_

Previous Mailing Address (only if different):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Apartment Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Your permanent address (residence) is where you intend to return when not attending college. An apartment rented for the time students are enrolled in college is not considered "in district" for tuition purposes.

## Education Information

Name of High School/GED: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of High School Graduation (MM/YYYY): \_\_\_\_\_

College(s) Attended: \_\_\_\_\_

I plan to begin taking classes: Fall 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Major: **(CT) Computed Tomography Program**

Program: Degree Seeking/Transfer      Personal Interest/Non-Degree (not eligible for financial aid)

## Required Signature

I certify that the information on this application form is true and correct, and I realize that giving misinformation may lead to disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_