

Howard College - San Angelo



APPLICATION FOR ADMISSION TO THE HEALTH PROFESSIONS PROGRAM

RETURN APPLICATION TO:

Howard College Health Professions
3501 North US Highway 67
San Angelo, Texas 76905

Health Professions Orientation Date _____
MONTH & YEAR

PERSONAL INFORMATION *Print Legibly*

Student ID No. _____

Last Name _____ First Name _____ Middle (or Maiden) _____

Social Security No. _____ Birth Date _____ Birth Place _____

Email Address _____

STATISTICAL INFORMATION *(For Government Reports - Check All That Apply)*

- | | | | |
|----------------------------------|---|---|--|
| <input type="checkbox"/> Male | <i>CLASSIFICATION</i> | <input type="checkbox"/> Receive VA Benefits | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Female | <input type="checkbox"/> Freshman (0-29 hrs) | <input type="checkbox"/> Will NOT Receive VA Benefits | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Single | <input type="checkbox"/> Sophomore (30-59 hrs) | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Black, Non-Hispanic |
| <input type="checkbox"/> Married | <input type="checkbox"/> Unclassified (60+ hrs) | <input type="checkbox"/> Approved for Hazelwood | <input type="checkbox"/> Asian/Pacific Islander |
| | | <input type="checkbox"/> Receive Financial Aid | <input type="checkbox"/> Hispanic |
| | | | <input type="checkbox"/> Other (Foreign Student) |

LOCAL ADDRESS *(Mailing)*

Street Address _____ Apt. _____

City, State, Zip _____

Home Phone _____ Work Phone _____

PERMANENT ADDRESS *(If different from local address)*

Street Address _____ Apt. _____

City, State, Zip _____

Message Phone _____

PREVIOUS EDUCATION

Name of High School _____ Date of Graduation _____

City, State _____

Or, GED (High School Equivalency Certificate) _____ Date Earned _____

City, State _____ Have you attended another college? Yes No

College Name _____ Major _____

City, State _____ Are you eligible to return to the last school attended? Yes No

Are you concurrently enrolled in Howard College or another college? Yes No Name of College _____

LIST COLLEGES ATTENDED	LOCATION (CITY & STATE)	DATES	HOURS EARNED

IF ATTENDED MORE THAN TWO COLLEGES, LIST OTHERS ON SEPARATE SHEET. ESTIMATE HOURS IF UNSURE.

If I am accepted as a student at Howard College, I will honor all administrative summons and conform to and abide by the letter and spirit of all the rules, regulations, and procedures of Howard College as given in the College Catalog and Student Handbook. I hereby give the right to disclose to appropriate college officials my school records for use in planning my program. I certify the above information is complete and correct. I acknowledge that deliberate omissions or falsifications may subject me to immediate dismissal from the college.

Date _____ Applicant Signature _____