



# Crescent College

## Prospective Student Data Form

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

### PLEASE PROVIDE US WITH THE INFORMATION BELOW

<b>Name:</b> _____	<b>Home Phone:</b> (    ) _____
<b>Address:</b> _____	<b>Cell Phone:</b> (    ) _____
<b>City, State, Zip:</b> _____	<b>E-mail:</b> _____
<b>Marital Status:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Sex:</b> _____ <b>Race:</b> _____	<b>Number of Children:</b> _____
<b>How did you hear about Crescent College?</b> _____	

### WHAT PROGRAM ARE YOU INTERESTED IN?

<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Medical Billing and Coding	<input type="checkbox"/> Chemical Dependency Counselor		
<input type="checkbox"/> Physical Therapy Aide	<input type="checkbox"/> Phlebotomy			
<input type="checkbox"/> Computer Systems Repair	<input type="checkbox"/> Business Office Administration			
<b>What is the best time for you to attend class?</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Saturdays
<b>Are you employed?</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Name of Employer:</b> _____		

### WHAT IS YOUR EDUCATIONAL BACKGROUND?

<b>Have you obtained a High School diploma or GED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Graduation Year:</b> _____
<b>If not, what is the last year you completed?</b> <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<b>College (years):</b> 1 2 3 4
<b>Do you speak any other language besides English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Specify:</b> _____
<b>Why do you need training at this time?</b> _____	
<b>Will the training assist you in meeting your goals?</b> _____	
<b>What would prevent you from starting or completing your studies?</b> _____	
<b>If you meet all entrance requirements, when are you ready to start your training?</b> _____	

### FOR COLLEGE USE ONLY:

<b>Source:</b> <input type="checkbox"/> PVT <input type="checkbox"/> WIA	<input type="checkbox"/> EDD <input type="checkbox"/> VOUCHER <input type="checkbox"/> YOUTH	<b>Start Date:</b> _____
<b>Accepted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Comments:</b> _____	
<b>Interviewed by:</b> _____	<b>Date:</b> _____	