

Del Mar College – Dept. of Allied Health  
Program Name: \_\_\_\_\_  
Corpus Christi, TX 78404

DATE: \_\_\_\_\_

## STUDENT INFORMATION

*(Upon enrollment into the program, the student must pass a background check and drug screen test, at student's expense, for security clearance and continued enrollment in the program.)*

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Other names under which records may be found: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

E-Mail Address(es): \_\_\_\_\_

**EMERGENCY DATA:** Name, address and **telephone number** of person to be notified in case of emergency: \_\_\_\_\_

High School from which you graduated: \_\_\_\_\_ GED? \_\_\_\_\_  
*(or last school attended, if not a graduate)*

College/Universities attended \_\_\_\_\_ Hours completed \_\_\_\_\_

Are you **currently** on scholastic probation? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you **currently** enrolled at Del Mar College? YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, in which courses are you presently enrolled? \_\_\_\_\_

Have you taken the **THEA**? YES \_\_\_\_\_ NO \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you taken the **HOBET**? YES \_\_\_\_\_ NO \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Where did you first hear of the Del Mar College \_\_\_\_\_ Program?  
Radio \_\_\_\_\_ TV \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

(If other, please explain. Be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you visited the Del Mar College webpage? YES \_\_\_\_\_ NO \_\_\_\_\_

Indicate semester for which you would like to be considered for admission: \_\_\_\_\_

## WORK EXPERIENCE

Name of Company \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Supervisor's name \_\_\_\_\_ Title: \_\_\_\_\_

Date employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please give the name of two references who will be willing to provide information concerning your abilities and educational background. **DO NOT** use relatives.

1. \_\_\_\_\_  
(Name) (Number & Street) (City, State, Zip) (Area Code/Phone Number)

2. \_\_\_\_\_  
(Name) (Number & Street) (City, State, Zip) (Area Code/Phone Number)

***This is for informational purposes ONLY and WILL NOT be used for evaluation purposes***

Do you plan to continue your education after obtaining your Associates in Applied Science degree by gaining entry to the Texas A&M-Corpus Christi or some other educational program? \_\_\_ **Yes** \_\_\_ **No** \_\_\_ **Undecided**

Please write in the space below comments/a brief paragraph concerning your reasons for seeking this career choice.

I certify that the above statements are true and correct. I understand this information is *confidential* and will be held in the strictest of confidence by the department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The provision and information set forth in this statement are intended to be informational and not contractual in nature and are subject to modifications without notice, by the Administrator or the Board of Regents. For additional explanation, please refer to the Disclaimer in the college catalog.  
**NONDISCRIMINATION POLICY:** "Del Mar College does not discriminate on the basis of race, color, sex, age, national origin, religion, handicap/disability, or any other constitutionally or statutorily impermissible reason. This shall include persons with disabilities."