

Del Mar College – Dept. of Allied Health Program:

Date: _____

STUDENT APPLICATION

(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.)

CWID# _____ 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 **TSI**? YES NO When? _____ Where? _____

Where did you first hear of the this program?

(If other, please explain. Be specific)

Have you visited the Del Mar College webpage? YES NO

Please tell us what attracted you to this Del Mar College program:

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."*