



**RETURN COMPLETED APPLICATION TO ROOM 403  
OR EMAIL IT TO [OTApplications@clovis.edu](mailto:OTApplications@clovis.edu)**

### Full-Time Occupational Technology Programs

Fall 20 \_\_\_\_\_

### APPLICATION

Spring 20 \_\_\_\_\_

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Last Name

First Name

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Cell Phone

#### Program of Interest:

1<sup>st</sup> Choice    2<sup>nd</sup> Choice

Automotive Technology (Monday – Thursday 7 a.m. – 12:15 p.m.)

Welding (Monday – Thursday 7 a.m. – 12 p.m.)

Industrial Technology—Plant Operations & Equipment/Wind

Energy (Monday – Friday 8 a.m. – 12 p.m.)

Industrial Technology—Electrical Maintenance—Fall Start Only

(Tuesdays & Thursdays 5:30 – 9:15 p.m.)

#### Read and initial each statement:

\_\_\_\_\_ I understand I must apply for admission to CCC before I can be admitted to the program.

\_\_\_\_\_ I understand I must take the Accuplacer Assessment and meet the minimum scores for the program of choice or take the required math/English/reading courses.

\_\_\_\_\_ I understand that I must complete AT 100 (Intro to Automotive Technology) before I can be admitted to the Automotive Technology program.

\_\_\_\_\_ I understand that if my address or phone number changes prior to being admitted into the program, it is my responsibility to contact personnel in Room 403 or call 575.769.4945, or I may lose my spot on the waiting list.

\_\_\_\_\_ I understand that I will be removed from the waiting list if I am sent two letters and do not respond. If I choose to be moved to the waiting list for the next semester, it is my responsibility to call the office at 575.769.4945.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date