

**Full-Time Occupational Technology Programs**  
**APPLICATION**

Fall 20 \_\_\_\_\_  
 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   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Automotive Technology (Monday – Thursday 7 a.m. – 12:15 p.m.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Welding (Monday – Thursday 7 a.m. – 12 p.m.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Industrial Technology—Plant Operations & Equipment/Wind Energy (Monday – Friday 8 a.m. – 12 p.m.)    |
| <input type="checkbox"/> | <input type="checkbox"/> | 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