

**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:**1st Choice2nd Choice☐☐

Automotive Technology

☐☐

Welding

☐☐Industrial Technology—Plant Operations & Equipment/Wind
Energy**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 151 or call 575.769.4113, 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 575.769.4113.

Signature_____
Date

Date Application submitted	
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Date Accuplacer Requirements Met					
Accuplacer					
	Score	Date Taken	Class Taken	Semester	Grade
ENG					
READ					
MATH					
Notes:					

Date Other Requirements Met			
Other Requirements			
AT 100 (AT Program Only)			
Semester Completed		Grade	
High School Transcripts (COS, Esthetics, Nail Tech Programs Only)			
Date Received			
Notes:			

Acceptance				
DATE ALL REQUIREMENTS MET:				
Date First Letter Sent/Or Called Student:				
Deadline to Register:				
Student Response:	Enrolled	No longer Interested	No Response	Dropped for Nonpymt
Date Second Letter Sent/Or Called Student:				
Deadline to Register:				
Student Response:	Enrolled	No longer Interested	No Response	Dropped for Nonpymt
Notes:				