



APPLICATION FOR ADMISSION

Campus Location _____

I hereby apply for enrollment in Daymar College (the "College") subject to the provisions of the College's current catalog. The information on this Application for Admission is accurate, complete and true and any inaccurate, incomplete or false statement will entitle the College to deny admission to me.

PERSONAL INFORMATION

_____ Last Name	_____ First Name	_____ Middle Name	_____ Maiden Name
_____ Address	_____ City	_____ State	_____ Zip
_____ Home Telephone	_____ Cell Phone	_____ Work Phone	_____ Extension
_____ Primary Email Address	_____ Other Email Address	_____ Male or Female	
_____ Social Security Number	_____ Date of Birth (mm/dd/year)	_____ Drivers License Number	_____ Drivers License State
_____ Emergency Contact Name	_____ Phone Number	_____ Relation to Applicant	
_____ Emergency Contact Address	_____ City	_____ State	_____ Zip

Responses to the following questions are voluntary and are used for state reporting purposes only.

Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status (check one)	Race (check one)
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> African American <input type="checkbox"/> White (Caucasian)
Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Separated <input type="checkbox"/> Widow	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____
If no, Alien No. _____	<input type="checkbox"/> Married	

TRANSPORTATION INFORMATION

<input type="checkbox"/> Bicycle	<input type="checkbox"/> Bus	<input type="checkbox"/> Fellow Student	<input type="checkbox"/> Friend	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> My Car	<input type="checkbox"/> Relative	<input type="checkbox"/> Taxi	<input type="checkbox"/> Walk	<input type="checkbox"/> Other _____

ACADEMIC INFORMATION

_____ Program Interest	Class Time Preference			
	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend <input type="checkbox"/> Online
_____ Highest Level of Previous Education	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate
_____ Name of High School Attended	_____ Address	_____ City	_____ State	_____ Zip
_____ Date of Graduation	_____ Date of GED Test	_____ Testing Center		
_____ Name of Previous College	_____ Address	_____ City	_____ State	_____ Zip
_____ Name of Previous College	_____ Address	_____ City	_____ State	_____ Zip

Admission to, employment by and promotion at the College shall be on the basis of merit, and there shall be no discrimination on the basis of race, color, creed, sex, handicap, or national origin. The College provides equal opportunity to all persons.

_____ Applicant Signature	_____ Date	_____ Admission Representative Signature	_____ Date	_____ Director of Admission Signature	_____ Date
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We Change Lives...One Person At A Time.