



APPLICATION FOR ADMISSION

- Daymar College
107 East Water Street
Albany, Kentucky 42602
(606) 387-4600
- Daymar College
4400 Breckinridge Lane
Louisville, Kentucky 40218
(502) 495-1040
- Daymar College
76 Carothers Road
Newport, Kentucky 41071
(859) 291-0800
- Daymar College
3361 Buckland Square
Owensboro, Kentucky 42301
(270) 926-4040
- Daymar College
509 South 30th Street
Paducah, Kentucky 42001
(270) 444-9950
- Daymar College
321 South 5th Street
Rockport, Indiana 47635
(812) 649-2100

I hereby apply for enrollment in Daymar 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

- Bicycle Bus Fellow Student Friend Motorcycle
- My Car Relative Taxi Walk 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 Daymar 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. Daymar College provides equal opportunity to all persons.

Applicant Signature _____	Date _____	Admission Representative Signature _____	Date _____	Director of Admission Signature _____	Date _____
White Copy: Academics		Yellow Copy: Financial Aid		Pink Copy: Student	DC/AFA/010906