



**TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY**
MURFREESBORO

1303 Old Fort Parkway • Murfreesboro, TN 37129
(615) 898-8010 • FAX (615) 893-4194

Application for Enrollment

All applicants must attach a high school diploma/transcript or a GED diploma/transcript and proof of MMR and Varicella (Chickenpox) vaccinations.

Date of Application: _____
Month Day Year

Name: _____ / _____
Last First Middle Initial Suffix

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Mailing Address: _____ **Email:** _____

City State Zip Code County

Sex: M / F **If you are a male, are you registered with the Selective Service?** Yes / No U.S. Citizen: Yes / No
(circle one) (circle one) (circle one)

Phone: Home (_____) _____ Cell (_____) _____ Emergency (_____) _____

Race: Do you consider yourself to be Hispanic, Latino, or of Spanish Origin? ____ Yes ____ No

In addition, select one or more of the following racial categories to describe you:

- Asian White Black/African American
- American Indian Alaska Native Native Hawaiian or Other Pacific Islander

Home Country: _____ Alien Registration Number: _____

Admissions of Foreign Non-Immigrants – Foreign non-immigrant applicants are eligible for admission if they meet the same conditions required for other applicants

Please check one training program of interest:

Murfreesboro Campus		<input type="checkbox"/>	Practical Nursing – Day
<input type="checkbox"/>	Administrative Office Technology	<input type="checkbox"/>	Practical Nursing – Evening
<input type="checkbox"/>	Computer Information Technology – Day	<input type="checkbox"/>	Surgical Technology
<input type="checkbox"/>	Computer Information Technology – Evening	Smyrna Campus	
<input type="checkbox"/>	Cosmetology	<input type="checkbox"/>	Automotive Technology – Day
<input type="checkbox"/>	Drafting & CAD Technology	<input type="checkbox"/>	Automotive Technology – Evening
<input type="checkbox"/>	Dental Assisting	<input type="checkbox"/>	Collision Repair Technology
<input type="checkbox"/>	Graphic Design & Web Development	<input type="checkbox"/>	Industrial Electrical Maintenance – Day
<input type="checkbox"/>	HVAC – Day	<input type="checkbox"/>	Industrial Electrical Maintenance – Evening
<input type="checkbox"/>	HVAC – Evening	<input type="checkbox"/>	Machine Tool Technology
<input type="checkbox"/>	Pharmacy Technician	<input type="checkbox"/>	Welding Technology

Why do you want this training program? _____

Do you have prior training in this program? Yes / No (circle one) If so, what kind? _____
Work Experience or Educational Experience

Date Available for Enrollment: _____
Month Day Year

Circle Highest Secondary Grade Completed: **K 1 2 3 4 5 6 7 8 9 10 11 12 GED**

High School Attended: _____
School Name City State

Date Last Attended: _____ Did you graduate: Yes / No (circle one)
Month Day Year

Enter information for all Post-Secondary education:

Name of School: _____ From: _____ To: _____
Month / Year Month / Year

Address: _____
Street City State Zip Code

Major Area: _____ Did you graduate: Yes / No (circle one) Degree/Certification Awarded: _____

If you attended more than one post-secondary training institution, please list: _____

List any contract agency, funding agency, scholarship, or award that you will be using to fund your training. (ex. TAA, WIA, Voc. Rehab, VA, etc.) _____

Check all that apply:	
A	Regular Tuition Payer
B	Full-time TBR/UT Employee
C	Spouse /Child of TBR /UT Employee
D	State Employee
E	Child (under the age of 24) of a full-time Certified Teacher
F	A student who is auditing a course and not paying maintenance fees who is : - 60 years or older - Permanently disabled - a state of TN retiree with 30 years of service
G	A student who is paying a service charge to receive a supplemental certificate who is: - 65 years or older - Permanently disabled
H	Dependents of Military Killed in Action
I	Child (under the age of 24) of a full-time TN State Employee
J	Child (under the age of 24) of a full-time State Employee Killed in Line of Duty
K	Child (under the age of 24) of a retired full-time TN State Employee

How did you hear about the Tennessee College of Applied Technology Murfreesboro?
<input type="checkbox"/> Friend or Family Member
<input type="checkbox"/> High School
<input type="checkbox"/> Career Center
<input type="checkbox"/> Internet
<input type="checkbox"/> News / Radio / Other Media Source
<input type="checkbox"/> Current/Former Student
<input type="checkbox"/> Marquee / Signage
<input type="checkbox"/> TCAT Faculty / Staff
<input type="checkbox"/> Other: _____

Applicant's Signature: _____ Date: _____

If you are a minor, your parent's or guardian's signature: _____

For Office Use Only	
Date complete application packet received: _____	Initials: _____
Date entered into SIMS: _____	Initials: _____

Tennessee College of Applied Technology Murfreesboro is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Assistant Director, TCAT Murfreesboro, 1303 Old Fort Parkway, Murfreesboro, TN 37129, 615-898-8010, jhenegar@tcatmurfreesboro.edu. Additionally, the TCAT Murfreesboro's Title IX Coordinator, 1303 Old Fort Parkway, Murfreesboro, TN 37129, 615-898-8010, jhenegar@tcatmurfreesboro.edu.