

For office use only
Student ID# _____

PERSONAL (all applicants; please print or type)

Full legal name _____
(last) (first) (full middle) (maiden name)

Social security number or MCC student ID# _____

Home address _____
(street) (city) (state) (zip code)

Email address _____

Employer _____
(name) (address)

Telephone _____
(home) (work)

Gender: male female Birth date _____
(month) (day) (year)

Marital status:
 single married widowed divorced

U.S. citizen: yes no
If not, type of visa student permanent other

Have you previously enrolled at Metropolitan Community College? yes no dates _____
When do you wish to enter? fall spring summer year _____

Do you have a _____ high school diploma or _____ GED year received _____
Name of granting institution _____
Address of granting institution _____
(street) (city) (state) (zip code)

Colleges previously attended
(In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to the address on the bottom of page 2.)

College	Address	Dates attended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

RESPIRATORY CARE TECHNOLOGY APPLICATION FORM *cont.*

Furnishing the following information is not a requirement for admission and will not be used in admissions discussions. The data will be used for statistical purposes only.

- African-American/Black*
- Asian or Pacific Islander*
- Caucasian/White*
- Native American or Native Alaskan*

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information or any other information upon which my admission is based is not true or complete, the College may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College including but not limited to those rules contained in the current College catalog.

I acknowledge that all official transcripts that I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Applicant's signature _____ *Date* _____

Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities, or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 and the Age Discrimination Act of 1975, related Executive Orders 11246 and 11375 and all civil rights laws of the State of Nebraska and the City of Omaha.

Contacts:

Concerning Title VI (race), Title IX (gender equity), Section 504 (disability), and Americans with Disabilities Act/ Program and Services Accessibility and Age (age) contact:

Director of Human Resources: 457-2415 (employees)

Vice President of Campuses and Student Affairs: 457-2415 (students)

Director of Facilities: 457-2415 (accessibility)

Concerning hiring and employment related complaints of discrimination or harassment based on race, color, national origin, religion, sex, marital status, age, disability or sexual orientation, retaliation or affirmative action and diversity issues contact:

Director of Human Resources: 457-2415 (employees)

Associate Vice President for Equity and Diversity: 457-2415

The address for the above individuals:

*Metropolitan Community College
30th and Fort Streets
P.O. Box 3777
Omaha, NE 68103-0777*

Please return completed form to:

*Metropolitan Community College
Respiratory Care Program Director
P.O. Box 3777
Omaha, NE 68103*