



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

Country of origin\_\_\_\_\_

Languages spoken (other than English) \_\_\_\_\_

*I certify 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 program may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College included but not limited to those rules contained in the current college catalog. I acknowledge that all official transcripts that I forward to the program become the property of MCC and will not be forwarded to another institution or returned to me.*

Applicant's signature\_\_\_\_\_ Date \_\_\_\_\_

*Submit completed application and checklist to Project Bridge office.*

Metropolitan Community College does not discriminate on that 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, Title II of the Americans with Disabilities Act of 1990, as amended, 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 505 (disability) and Americans with Disabilities Act/ Program and Services Accessibility and Age (age), contact:

Vice President for Campuses and Student Affairs: 457-2681 (students)  
Associate Vice President of Human Resources: 457-2236 (employees)  
Director of Facilities: 457-2529 (accessibility)

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

Associate Vice President for Equity and Diversity: 457-2649

The address for the above individuals is as follows:

Metropolitan Community College  
30<sup>th</sup> and Fort Streets  
P.O Box 3777  
Omaha, NE 68103-0777

Project Bridge is funded in part by the United Way of the Midlands.





**Metropolitan Community College  
PROJECT BRIDGE  
Internationally Trained Health Worker Assistance Program  
DOMESTIC TRANSCRIPT REQUEST FORM**

**Request for official transcript can be sent to Metropolitan Community College.**

(This form is to be mailed to institutions other than MCC for request of transcript purposes.)

Institution \_\_\_\_\_ Date \_\_\_\_\_

Student name \_\_\_\_\_  
(last) (first) (middle)

Name used when attending the above institution (if different)  
\_\_\_\_\_  
(last) (first) (middle)

Social Security number \_\_\_\_\_

Year of last attendance \_\_\_\_\_

I hereby authorize you to send an official copy of my transcript to:

**Metropolitan Community College, Project Bridge, P.O. Box 3777, Omaha, NE 68103-0777**

Please (check one) \_\_\_ send as soon as possible \_\_\_ send after end of current term grades are posted  
A check for \$ \_\_\_\_\_ is attached to cover the cost of the transcript(s).

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
(required)

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