



STUDENT DATA FORM

Name: _____
Last First Middle Maiden

Banner ID: _____ Birth Date: _____ Age: _____ Gender: Female Male

Address: _____

City: _____ State: _____ Zip: _____

Parish/County: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Phone: _____ Relationship to Student: _____

Non-Discrimination Statement

As set forth in its student catalog, Central Louisiana Technical Community College does not discriminate on the basis of race, color, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). For further information regarding these laws (Title VI and IX) contact Student Services, Central Louisiana Technical Community College, 516 Murray St., Alexandria, Louisiana 71301; email: admissions@cltcc.edu; phone: (318) 487-5443. To request reasonable accommodations upon enrollment (Section 504/ADA), the ADA Coordinator for Students, Dr. John Broderick, Central Louisiana Technical Community College, 516 Murray St. Alexandria, LA 71301, email: johnbroderick@cltcc.edu; phone: (318) 487-5443.

Faculty and staff with questions about equity or reasonable accommodations should contact Human Resources, Central Louisiana Technical Community College, 516 Murray St., Alexandria, Louisiana 71301; email: hr@cltcc.edu; phone: (318) 487-5443.

Are you disabled? Yes No

Are you actively serving or a veteran of the United States Military? Yes No

Marital Status: Single Married Separated Divorced Widowed

Do you have dependents? Yes No

Race: White/Non-Hispanic Black/Non-Hispanic Hispanic American Asian or Pacific Islander
 American Indian/Alaskan Native Other: Specify _____

US Citizen: Yes No

Check here if a Resident Immigrant (i.e. a "green card" holder)

Check here if a Non-Resident Immigrant and indicate type of visa number held, if any: _____

Program of Interest: _____

What is your goal at CLTCC? : _____

Admission Status into program: First Time Entry Re-entry Transfer

If Re-entry or Transfer, indicated name of College/Campus previously attended: _____

High School Graduate/Diploma: Yes No Year _____

Name of High School: _____ City/State: _____

GED Information: Yes N/A Year: _____ State & Parish/County GED obtained: _____

* Have you previously earned a certification, technical diploma or degree from a post-secondary institution (college or university): Yes No If yes, please list credential(s) earned and college you have attended:

List any/all College/Campuses previously attended:

Name	City/State	Program/Major	Dates Attended
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Name	City/State	Program/Major	Dates Attended
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Name	City/State	Program/Major	Dates Attended
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*Are you currently employed? Yes No

If yes, please list place of employment, position and dates employed.

Employer Name	Address	City	State
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Employer Phone	Job Title	Dates Employed
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*Official college transcript and employer verification statement may be required.

I attest that the information provided above is, to the best of my knowledge, accurate and true.

Signed: _____ Date: _____