

OFFICE	STUDENT ID# 84770	TUITION/FEES PD: \$
USE	CK# CASH CC SPONSOR WAIVER	ADMISSION FEE: \$
ONLY	STUDENT MASTER	TOTAL PAID: \$



**DIXIE APPLIED TECHNOLOGY COLLEGE  
ADULT ADMISSION FORM**

First Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Middle Name \_\_\_\_\_

Birthdate (**Mandatory**) \_\_\_\_\_

Last Name \_\_\_\_\_

Gender  Male  Female

Are you Hispanic?  Yes  No

Please select one or more of the following:

Address \_\_\_\_\_

American Indian/Alaska Native

City \_\_\_\_\_

Asian

State \_\_\_\_\_ Zip \_\_\_\_\_

Black/African American

Native Hawaiian/Pacific Island

Home Phone \_\_\_\_\_

White

Cell Phone \_\_\_\_\_

High School Graduate:  Yes  No

Email Address \_\_\_\_\_

Year of High School graduation: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name of High School last attended: \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_

**Payment Method:**

Is this the first college you have attended since exiting high school?  Yes  No

Self Pay  Vocational Rehab  DWS

US Citizen  Student Visa  Resident Alien

Employee Waiver

Scholarship \_\_\_\_\_

How did you hear about DXATC? \_\_\_\_\_

Employer \_\_\_\_\_

The following information is optional and will be kept confidential. Are you currently receiving assistance from any of the programs listed below?

Employer Address \_\_\_\_\_

Food Stamps  Single Parent  Displaced Homemaker

Employer Phone # \_\_\_\_\_

Medical  USOE Credit  Unemployment Insurance

Other \_\_\_\_\_

Disabled  Displaced Worker

FEP (Aid to Families w/Dependent Children)

**Name of Program or Class you are registering for:**

RECORDS DISCLOSURE: Specific information may be released provided a signed consent form is in the student's file. In accordance with FERPA 34 C.F.R. Part 99, Subpart D, certain governmental institutions have access to student records without prior consent for disclosure. It is the responsibility of each student to be informed of services provided to students, as noted in the College catalog, and to keep the College updated regarding personal information such as mailing addresses and other contact information.

NOTICE OF NONDISCRIMINATION: Dixie Applied Technology College does not discriminate on the basis of race, color, national origin, sex, or handicap in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title VI, Title IX and Section 504 may be referred to Rich VanAusdal, Campus President, c/o DXATC 46 South 1000 East, St. George, UT 84770, (435)652-7730 or the Office of Civil Rights, US Department of Education, 1961 Stout Street, Denver, Colorado - 80294 1/11/07

PRIVACY NOTICE: Section 6109 of the Internal Revenue Code requires students to provide their correct social security number to the College who must file information returns with the IRS to report certain information. An eligible educational institution must obtain their SSN or Tax Identification Number to file the information and to furnish a statement to you. The returns the College must file contain information about qualified tuition and related expenses.

PENALTY: Failure to furnish a correct SSN makes a student subject to a penalty of \$50 unless the failure is due to a reasonable cause and not to willful neglect.

I certify that all information I have provided on this application is true. I agree that, upon acceptance as a student of the College campus, I will agree to abide by all policies and procedures of the College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SEE OTHER SIDE**