

Admissions Office ~ Katahdin Hall 354 Hogan Road, Bangor, ME 04401

Phone: 207-974-4680 or 1-800-286-9357 (in ME)

Fax: 207-974-4683 • www.emcc.edu E-Mail: admissions@emcc.edu

How to Apply

IN ADDITION TO THIS APPLICATION, ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

- ☐ <u>High school transcript</u> for all years attended, sent directly from school;
- ☐ Official GED/HiSET test results sent directly from school or Department of Education in the state issuing the exam (if applicable);
- ☐ <u>Transcripts</u> of all previous college/university work, sent directly from each institution;
- □ SAT or ACT scores sent directly from College Board or high school for applicants who will graduate/have graduated within the previous three years. (Call to discuss options if no scores available.)

ADDITIONAL REQUIREMENTS FOR MEDICAL RADIOGRAPHY, NURSING AND SURGICAL **TECHNOLOGY APPLICANTS:**

- ☐ <u>Two recommendations</u> sent directly from the evaluators on EMCC forms, for applicants to the Medical Radiography program*
- ☐ Applicant Questionnaire for applicants to the Surgical Technology program*
- □ Pre-admission test results for applicants to the Medical Radiography and Nursing programs*

☐ Associate Degree

■ Bachelor's Degree

APPLICATION FOR ADMISSION

Tiow to Apply	Logal Nama in Fulls	
Individuals are urged to refer to the EMCC website	Legal Name in Full:	
for information regarding application deadlines,	Last Suffix First	Middle Initial
admission requirements, and program curricula, prior to submitting an application.		
IN ADDITION TO THIS APPLICATION, ALL APPLICANTS	Birth/Former Name(s):	
MUST SUBMIT THE FOLLOWING:	Preferred Name:	
 High school transcript for all years attended, sent directly from school; 	Permanent Mailing Address:	
 Official GED/HiSET test results sent directly from school or Department of Education in the state issuing the exam (if applicable); 	Street or PO Box	Apt. #
☐ <u>Transcripts</u> of all previous college/university work, sent directly from each institution;		ZIP
☐ <u>SAT or ACT scores</u> sent directly from College Board or high school for applicants who will	Maine County (if applicable):	
graduate/have graduated within the previous three years. (Call to discuss options if no scores available.)	Home Phone: ()	
ADDITIONAL REQUIREMENTS FOR MEDICAL RADIOGRAPHY, NURSING AND SURGICAL	Cell Phone: ()	
TECHNOLOGY APPLICANTS:	E-Mail Address:	
☐ Two recommendations sent directly from the evaluators on EMCC forms, for applicants to the	Social Security Number:	
Medical Radiography program* Applicant Questionnaire for applicants to the Surgical Technology program*	Are you a resident of Maine? ☐ Yes ☐ No If yes, date you became a legal resident:	
Pre-admission test results for applicants to the Medical Radiography and Nursing programs*	Month Are you a U.S. Citizen or permanent resident? (check one)	Year ☐ Yes ☐ No
*Forms/info can be found at www.emcc.edu (Admissions & Aid tab)	Indicate Alien Registration # (if applicable):	
	If you are not a U.S. Citizen or permanent resident,	
	indicate your country of citizenship:	
Optional items; information used for reporting purposes only.		
Date of Birth: Gender:	□ Male □ Female Ethnicity: □ Hispanic/Latino □ Not H	ispanic/Latino
(n or Alaskan Native	□ White
What is the highest level of education complete	d by your mother (or legal female quardian)?	
	a or equivalent Some college/no degree	
What is the highest level of education complete	d by your father (or legal male guardian)?	
□ Less than HS diploma□ HS diploma□ Associate (2yr) Degree□ Bachelor's	a or equivalent □ Some college/no degree (4yr) Degree or higher □ Unknown	
Have you previously applied to EMCC or attend	ed classes? Yes No If a former student, last attended:	Month/Year
High school last attended: Name of School	Highest Grade Completed:	
H.S. Graduation or GED/HiSET Year:	☐ Home Schooled ☐ Adult Education Diploma	☐ GED/HISET
Did you attend a vocational program (CTE) while	e in high school? Yes No If yes, which one?	
What was your vocational program of study? Indicate the highest degree YOU have earned (How many years of vocational programming did you co	mplete?

■ Master's Degree

□ Other

Indicate all prior academic history, regardless of whether transfer credit is being sought. Attach separate sheet if necessary. Applicants must disclose all prior colleges/universities attended. Failure to furnish all information on past education may constitute adequate reason for disqualification of your acceptance or subsequent dismissal from the College as well as possible retraction or denial of financial aid funds.

Colleges/Universities you have attended (include current and previous):

Dates (from-to) Degree(s) Earned Are you a veteran? □ Yes □ No If yes, are you eligible to receive veterans' educational benefits? □ Yes □ No What type of benefits? □ Branch of service: □ Fall (August/September) 20 □ Spring (January) 20 □ Summer (May/June) 20 □ Vest
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□ Summer (May/June) 20
□ Summer (May/June) 20
Year
Droformed Site to Take Classes
Preferred Site to Take Classes (check one): ☐ Bangor
☐ Dover-Foxcroft
□ East Millinocket
Preferred Enrollment Status (check one):
☐ Full-time
□ Part-time
Preferred Class Schedule (check one):
☐ Days ☐ Evenings
☐ Online if available
Are You Considering Living On-Campus? (check o
☐ Yes ☐ No
☐ Unsure at this time
Program-specific prerequisites required of
 program of study can be found at www.emcc If you are currently taking program prerequisites, p
indicate class and expected completion date by
EMCC is an equal opportunity/affirmative action institution
employer. For more information please call 207-974-463.
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