# Eastern Maine Community College

Great College. Smart Choice.

**Technical** 

Career &

**Transfer Education** 

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

#### ALL APPLICANTS MUST SUBMIT THE F

- ☐ Complete <u>application for admi</u>
- Non-refundable \$20 application
- ☐ <u>High school transcript</u> for all year sent directly from school;
- □ Official GED/HiSET test results se school or Department of Educa issuing the exam (if applicable);
- ☐ <u>Transcripts</u> of all previous college sent directly from each institution
- □ SAT or ACT scores sent directly f Board or high school for applica graduate/have graduated with three years. (Call to discuss options if

#### ADDITIONAL REQUIREMENTS FOR M ASSISTANT, MEDICAL RADIOGRAPH SURGICAL TECHNOLOGY APPLICAN

- □ Application essay (see back);
- ☐ <u>Two recommendations</u> sent dire evaluators on EMCC forms\*;
- Pre-admission test results for ap Medical Radiography and Nurs

## APPLICATION FOR ADMISSION

Individuals are urged to refer to the EMCC website	Legal Nam	e in Full:						
for information regarding application deadlines, admission requirements, and program curricula,	Last		Suffix	First	Middle Initial			
prior to submitting an application.  ALL APPLICANTS MUST SUBMIT THE FOLLOWING:		r Name(s):						
☐ Complete <u>application for admission</u> ;	Birth/Former Name(s):							
□ Non-refundable <u>\$20 application fee;</u> □ <u>High school transcript</u> for all years attended	Preferred Name:							
sent directly from school;  Official GED/HiSET test results sent directly from	Permanent Mailing Address:							
school or Department of Education in state	Street or PO Box Apt. #							
issuing the exam (if applicable);    Iranscripts of all previous college/university work					P -			
sent directly from each institution;  SAT or ACT scores sent directly from College	City			State	ZIP			
Board or high school for applicants who will	Maine Cou	nty (if applicable):						
graduate/have graduated within the previous three years. (Call to discuss options if no scores available.)								
ADDITIONAL REQUIREMENTS FOR MEDICAL	Home Phor	ie: ( )						
ASSISTANT, MEDICAL RADIOGRAPHY, NURSING AND SURGICAL TECHNOLOGY APPLICANTS:	Cell Phone:	( )						
☐ Application essay (see back);	E-Mail Addr	ess:						
☐ <u>Two recommendations</u> sent directly from the evaluators on EMCC forms*;								
Pre-admission test results for applicants to the Medical Radiography and Nursing programs*	30Clai secu	inty Number: _						
All individuals ADMITTED to the above-	Are you a resident of Maine? ☐ Yes ☐ No  If yes, date you became a legal resident:  Month Year							
mentioned programs will be required to submit to a national criminal background screening								
process at their expense within 30 days of	Are you a l	J.S. Citizen or p	permane	nt resident? (check one)	☐ Yes ☐ No			
acceptance*. Information provided upon acceptance.	Indica	to Alian Pagis	tration #	//s !!  -  - \				
*Forms/info can be found at www.emcc.edu	Indicate Alien Registration # (if applicable):							
(Admissions & Financial Aid tab).				r permanent resident, enship:				
Optional items; information used for reporting purposes only.								
Date of Birth: Gender:	□ Male □ F	emale Ethi	псіту: ப	Hispanic/Latino □ Not	: Hispanic/Latino			
Race(check all that apply):  ☐ American India ☐ Native Hawaiia				ck or African American n	□ White			
What is the highest level of education complete	ed by your <b>mo</b>	other (or legal fema	ale guardian	?				
☐ Less than HS diploma ☐ HS diplom	a or equivalen s (4yr) Degree (	t		ne college/no degree				
What is the highest level of education complete								
	a or equivalen s (4yr) Degree (		□ Som	ne college/no degree nown				
Have you previously applied to EMCC or attend	ed classes?	□ Yes □ No	If a form	er student, last attende				
High school last attended:			High	est Grade Completed:	Month/Year			
Name of School	City	State						
H.S. Graduation or GED/HiSET Year:		Home School	ed 🗖 ,	Adult Education Diplom	a □ GED/HiSET			
Did you attend a high school vocational progra	m?□Yes□	No If yes, wh						
Indicate the highest degree YOU have earned (  Associate Degree Bache		□ Maste		/ocational/Career/Technical Cent ee □ Other	er City State			

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):

Desired Program of Study (check one program and the desired decelential)   Credential Key:	Name of Institution		Cit	ty/State			Da	ites (from-to)	Degree(s) Earned
Credential Key:	Name of Institution		Cit	ty/State			Da	ites (from-to)	Degree(s) Earned
Credential Rey:	Name of Institution		Cit	ty/State			Da	ates (from-to)	Degree(s) Earned
Automotive Technology	Desired Program	m of St	tud	y dential)			Are you	a veteran? □ Yes	□ No
Bullomotive Technology	Credential Key:  AA - Associate in Arts Deg AAS - Associate in Appliec AS - Associate in Science	ree d Science [					education	onal benefits? ☐ Ye	es 🗆 No
Building Construction	C Automotivo Taphaalaan			A A C		Cont	vviiat ty	be of benefits?	
Business Management							Branch o	of service:	
Small Business Development	=	□ A5			Ц	Cert			
Career Studies (-Agr-work app regrd See Catalog for details)	· ·		П	AAS	_	0			
Civil Engineering Technology			_	A A C	Ц	Cert			
□ Computer Systems Technology □ AAS □ Cert □ Culinary Arts □ AAS □ Cert □ Diesel, Truck & Heavy Equipment □ AAS □ Cert □ Digital Graphic Design □ AAS □ Cert □ Digital Graphic Design □ AAS □ Cert □ Early Childhood Education □ AAS □ Cert □ Bangor □ Dover-Foxcroft □ Bangor □ Dover-Foxcr			П	AAS			Preferred	d Enrollment Date:	
Culinary Arts   AAS   Cert   Spring (January) 20   Year   Vear	0 0	□ A5	_	A A C		Cont		Fall (August/Septer	mber) 20
Diesel, Trück & Heavy Equipment	· · · · · · · · · · · · · · · · · · ·		_		Ц	Cert			Year
Diesel, Trück & Heavy Equipment			_			Cont		Spring (January) 20	) 
Digital Graphic Design									
Early Childhood Education							_	carrier (may, carre	Year
Education							Preferred	d Site to Take Class	es (check one):
□ Career & Technical Education □ AAS □ Cert □ Electrical & Automation Technology □ AAS □ Cert □ Emergency Medical Services □ AAS □ Cert □ Full-time □ Part-time □					Ц	Cert			
Electrical & Automation Technology									
Electricians Technology									
Emergency Medical Services	9,5			AAS	П	Cort		Elisworth	
At what EMT level are you currently licensed?	0,			ΛΛς			Preferred	d Enrollment Status	(check one):
Fine Woodworking & Cabinet Making	g ş			AAS	Ц	Cert			
Fire Science Technology				2				Part-time	
Hospitality & Tourism Management	· · · · · · · · · · · · · · · · · · ·				П	Cert			neck one):
Liberal Studies  Career/educational goal if applying for Liberal Studies (if known):  Medical Assistant Technology  Medical Office Technology  AAS  Health Care Secretary  Medical Radiography  AS  Nursing  Outdoor Recreation & Tourism  Restaurant & Food Service Management  Surgical Technology  AAS  Welding/Pipe Welding (Degree program available as an upgrade only)  Other Program:  Applicant's Signature:  Date:  Date:  Program-specific prerequisites require each program of study can be for www.emcc.edu. If you are currently rogram prerequisites, please indicate and expected completion date  AAS  ANAS  APPLICATION ESSAY  An essay is required for Medical And Medical Radiography, Nursing and Technology applicants. Attach a sheet of paper describing what life expenditure and complete.  Applicant's Signature:  Date:  Date:	• • • • • • • • • • • • • • • • • • • •				_	0011			
Career/educational goal if applying for Liberal Studies (if known):		□ АА	_	,					
Medical Assistant Technology			vn)·				_	Offilitie if available	
Medical Office Technology	9 11 9	.a.o. ( 1o.		AAS			Program	n-snecific nrered	juisites required o
Health Care Secretary									
□ Medical Radiography □ AS □ Nursing □ AS □ Outdoor Recreation & Tourism □ AAS □ Restaurant & Food Service Management □ AAS □ Refrigeration, AC & Heating Technology □ AAS □ Cert □ Surgical Technology □ AAS □ Trade & Technical Occupations □ AAS □ Welding/Pipe Welding (Degree program available as an upgrade only) □ Cert □ Other Program: □ Certify that all information stated on this application is accurate and complete.  Applicant's Signature: □ Date: □ Parent/Guardian's Signature (if applicant is under 18 years of age): □ Medical Radiography Program prerequisites, please indicate and expected completion date □ AAS □ AAS □ APPLICATION ESSAY □ Trade & Technology applicants. Attach a sheet of paper describing what life expensive and the supplicant is under 18 years of age): □ AAS □ Medical Radiography, Nursing and Technology applicants. Attach a sheet of paper describing what life expensive and the supplicant is under 18 years of age): □ Date: □ Da						Cert			are currently taking
Nursing	5	□ AS							
□ Outdoor Recreation & Tourism □ AAS □ Restaurant & Food Service Management □ AAS □ Cert □ Surgical Technology □ AAS □ Cert □ Surgical Technology □ AAS □ Cert □ APPLICATION ESSAY □ AAS □ Welding/Pipe Welding (Degree program available as an upgrade only) □ Cert □ Other Program: □ Other Program: □ Cert □ Cert □ Cert □ Other Program: □ Date: □ Parent/Guardian's Signature (if applicant is under 18 years of age): □ Cert □ Date: □ Cert □ Date: □ Date: □ Cert □ Date: □ Date: □ Date: □ Date: □ Cert □ Date: □ Dat		□ AS					and e	expected compl	letion date below
Restaurant & Food Service Management	9			AAS					
Refrigeration, AC & Heating Technology		ent							
Surgical Technology	· ·					Cert			
□ Trade & Technical Occupations □ AAS □ Welding/Pipe Welding (Degree program available as an upgrade only) □ Cert □ Other Program: □ Other Program: □ Cert □ Other Program: □ Other □ Other Drogram: □ Other	_			AAS				APPLICATIO	N ESSAY
□ Welding/Pipe Welding (Degree program available as an upgrade only) □ Cert □ Other Program: □ Other Progra				AAS			An ess	ay is required for	or Medical Assistant.
sheet of paper describing what life expense have led you to select "" as a light certify that all information stated on this application is accurate and complete.  Applicant's Signature:	☐ Welding/Pipe Welding (Degree program a	vailable as	an upg	grade only)		Cert	Medical	Radiography, N	Nursing and Surgical
Applicant's Signature: Date:  Parent/Guardian's Signature (if applicant is under 18 years of age):	Other Program:						sheet of	f paper describing	what life experiences
Applicant's Signature: Date:  Parent/Guardian's Signature (if applicant is under 18 years of age):	I certify that all information stated on the	his appli	catio	on is ac	cur	ate and	complete.		
Parent/Guardian's Signature (if applicant is under 18 years of age):							_	ate:	
FMCC is an acqual apportunity/affirmative a	-								
Office Use OnlyDate Received  Office Use OnlyMethod of Payment  Institution and employer. For more informat  call 207-974-4633	Office Use OnlyDate Received					- 3 - / -		institution and employe	