

## OWENS COMMUNITY COLLEGE

Toledo-area Campus • Oregon Road • P.O. Box 10,000 • Toledo, Ohio 43699-1947 • 1-800-GO-OWENS Ext. 7777 • Fax: 419/661-7418  
 Findlay Camps • 300 Davis Street • Findlay, Ohio 45840-3600 • 1-800-FINDLAY, Ext. 0 • Fax: 419/424-5194 • <http://www.owens.cc.oh.us>

Please print information clearly

### Application for Admission

Social Security Number	Semester and year for which applying _____ year <input type="checkbox"/> Spring (January) <input type="checkbox"/> Fall (August) <input type="checkbox"/> Summer (June)	Campus <input type="checkbox"/> Toledo-area <input type="checkbox"/> Findlay	Student Status <input type="checkbox"/> New <input type="checkbox"/> Returning
Last name	First name	Middle Initial	Maiden name or other names
Street Address (with apartment #)		City	State      Zip code
County	Have you resided in Ohio for the last 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home phone number <small>Area Code</small> _____

### Demographic Information

This information is requested for the state and federal reporting purposes only and has no bearing on Owens Community College admissions procedures. (Completion of this section is optional)

Birthdate Mo.    Day    Year	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you of Hispanic or Latino culture or origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of citizenship (check one) <input type="checkbox"/> U.S. <input type="checkbox"/> Other (specify) <i>If other, complete Citizenship Information below.</i>	Country of birth (check one) <input type="checkbox"/> U.S. <input type="checkbox"/> Other (specify) _____	Race (check one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or other Pacific Islander	

### Academic Information

Are you or will you be a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation date Mo.    Year	Name/City/State of high school you graduated from
If you are not a high school graduate, have you passed the high school G.E.D. Test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Mo.    Year		
Did you complete a Tech Prep Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College transfer - Please list all colleges you have attended, beginning with the most recent		
College/University name	Dates Attended	City/State      Degree/Type of degree

#### Why are you enrolling at Owens Community College? (check only one box below)

For a Few Classes <input type="checkbox"/> Personal interest <input type="checkbox"/> Obtain a new job <input type="checkbox"/> Upgrade skills <input type="checkbox"/> Transfer to another college/university	Seeking a Degree or Certificate <input type="checkbox"/> Certificate <input type="checkbox"/> Degree needed for a job <input type="checkbox"/> Degree needed to transfer to another college/university
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, approximate number of hours per week you work _____	

### Program of Study

What program of study are you entering at Owens? \_\_\_\_\_

### Citizenship Information

Alien registration number (please provide a copy of your card) \_\_\_\_\_

Type of Visa (check one)      Permanent resident      Student (F-1)      Other

### Application Process

You must have your high school transcript and/or G.E.D. scores and any transcript from a college, university or institution previously attended forwarded to: Records Office, Owens Community College, P.O. Box 10,000, Toledo, Ohio 43699-1947.  
 I understand the submission of inaccurate information or failure to follow specified instructions may interfere with my enrollment or acceptance into a certain technical programs of study. Disabled persons are encouraged to apply for admission. Special services are available for disabled students. For additional information, please contact the Office of Disability Resource Services.

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_  
*Owens Community College promotes equal opportunity regardless of age, color, disability, national origin, race, religion, or sex.*