

# Sampson Community College

## Division of Continuing Education

### Student Application Form

Please complete all student information on this form. Accurate information is required for proper placement in the class requested.

**PROGRAM(S) OF INTEREST** \_\_\_\_\_

Is this course required for certification/recertification for EMS, Fire, Law Enforcement, Civil

Preparedness? Yes \_\_\_\_ No \_\_\_\_ If yes, list agency name: \_\_\_\_\_

**Please note that before being accepted into any medical program such as Phlebotomy, CNA, Pharmacy Tech, ECG Tech, Veterinary Assistant, or Medical Coding & Billing, you must successfully complete prerequisite requirements (Introduction to Health Care Careers and CRC Assessment).**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Head of Household Yes \_\_\_\_ No \_\_\_\_ Citizenship US \_\_\_\_ or Resident Alien # \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Employment Status \_\_\_\_\_ Education Level \_\_\_\_\_

Employer \_\_\_\_\_ State of Residency \_\_\_\_ County \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ATTENTION STUDENTS:** Please print and sign this form. Mail the completed form to:  
**Melita Butler, Continuing Education Division, Sampson Community College, PO Box 318,  
Clinton, NC 28329-0318.**