



Policy Name:	Non-Credit Application for Admission
Policy Number:	2.030
Effective Date:	August 29, 2014
Date of Last Revision:	July 24, 2019
Functional Area:	Student Services

Non-Credit Application for Admission

Personal Information:

Have you ever enrolled in NLTC before? Yes No

_____/_____/_____

Social Security Number

Campus: _____

Date of last attendance: _____

Last Name First Name MI Maiden

Mailing Address City State ZIP

Parish Home Number Email Address

Gender: Male
(Optional) Female

Ethnic Code: American Indian Hispanic
(Optional) Asian/Pacific Islander Unknown
 Black/African American White/Caucasian

Date of Birth:

_____/_____/_____

Month Day Year

High School Graduate: Yes No Year Graduated: _____

Name of High School

Emergency Contact Name

GED Received Year Received: _____

Non-High School Graduate

Relationship

If participating under a grant, please indicate method of payment:

Paid by _____ Grant
 Paid by industry _____
 Paid by self _____

Phone Number

Employer Requested Training:

Employer: Job Title: _____

I certify that all of the information provided on this form is true and correct.

Signature

Date

Policy Reference: LCT Policy #SA 200.27