



APPLICATION FOR ADMISSION

Campus: [ ] Cape Girardeau [ ] Jefferson City [ ] Rolla

Name \_\_\_\_\_ (last name) (first name) (middle name) (maiden name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

Veteran? [ ] Yes [ ] No Martial Status? [ ] S [ ] M [ ] D [ ] W Children? [ ] Yes [ ] No

If yes, children's names & ages \_\_\_\_\_

Are you currently employed? [ ] Yes [ ] No Place of Employment \_\_\_\_\_

Work hours \_\_\_\_\_ [ ] Full Time [ ] Part Time

In Case of Emergency

[ ] Parent [ ] Spouse/Significant Other [ ] Guardian [ ] Other

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Education

Name of High School \_\_\_\_\_ Graduate? [ ] Yes [ ] No

Date of Graduation \_\_\_\_\_ GED? [ ] Yes [ ] No

Please list all education beyond high school. If none, please write NONE.

Name of Institution \_\_\_\_\_ Year \_\_\_\_\_

Name of Institution \_\_\_\_\_ Year \_\_\_\_\_

Transfer credits from another institution to Metro Business College will be reviewed for acceptance by the Campus Director or Education Director. Transfer credits will be evaluated from official transcripts only.

### Program Interest

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative Assistant (Certificate)           | <input type="checkbox"/> Business Administration (AAS Degree) |
| <input type="checkbox"/> Massage Therapy (Certificate)                    | <input type="checkbox"/> Medical Assistant (Certificate)      |
| <input type="checkbox"/> Medical Billing & Coding Specialist (AAS Degree) | <input type="checkbox"/> Medical Specialist (AAS Degree)      |

How did you find out about our school?

- |                                       |   |                                    |                                  |                                   |
|---------------------------------------|---|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Television         | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Mailing | <input type="checkbox"/> Agency   |
| <input type="checkbox"/> Radio        | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Website   | <input type="checkbox"/> Friend  | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Other _____  |   |                                    |                                  |                                   |

I hereby apply for admission to Metro Business College. To the best of my knowledge and belief, the information given in this application is complete and accurate. Failure to disclose fully and accurately all facts relating to this application shall be grounds for termination. If accepted to the College, I pledge myself to comply, in good faith, with all rules and regulations of the College. I give the College the right to use pictures of school activities that I may participate in for school publicity. I understand that a non-refundable application fee of twenty five dollars (\$25) should accompany this application. If this application is not accepted, all fees are refunded to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Would you please list two friends who, like yourself, would benefit from a Metro Business College education:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_