

***FAST TRACK TRAINING FOR LONG TERM EMPLOYABILITY***

**APPLICATION FOR ADMISSIONS**

**Admission Requirements and Procedures**

1. Please initial the check lists on page 2 and complete all sections on pages 3 and 4 and review with an Admissions Specialist.
2. Enrollment Advisor Initials & Date must complete each checklist step prior to application submission.
3. Admission decisions will be made by the Advisor based on the applicant's fulfillment of the requirements.
4. It is the responsibility of the applicant to ensure that information is accurate and that the Enrollment Advisor receives all required supporting documents.
5. All records received become the property of EVIT Adult Education.
6. Health & Cosmetology Programs will require additional documentation at time of enrollment.
7. The Enrollment Advisor will provide the Applicant with a Program Spec. Sheet indicating required supporting documents and additional information such as program tuition, fees & hours etc.
8. Health Programs require a supplemental pre-enrollment advisement session with a Program Coordinator.
9. Disclosure of Social Security number is voluntary (ARS §15-1823). However, students must use social security numbers for reporting information pertaining to potential educational tax credits and for processing Federal Financial Aid applications and Veteran Administration benefits.

**Contact Information for Assistance:**

**Admissions Specialist -Crystal Otts**

**Main Campus: 480-461-4013 [cotts@evit.com](mailto:cotts@evit.com)**

**General Advisement, Admissions Office Management & Student Records**

**Enrollment Advisor-Javier Lopez**

**Main Campus: 480-461-4025 [jlopez@evit.com](mailto:jlopez@evit.com)**

**Financial Services, VA Benefits, FAFSA, Grants & Scholarships, Bi-Lingual Services, Enrollment Advisement**

**Enrollment Advisor-Daniel Miller**

**Main Campus: 480-461-4027 [dmiller@evit.com](mailto:dmiller@evit.com)**

**Financial Services, VA Benefits, FAFSA, Grants & Scholarships, Enrollment Advisement**

Admissions Student Initials  
Initials \_\_\_\_\_

## 1. Registration Packet Check List:

- Complete Check List on page 2 and the Student Information Form on pages 3 & 4
- Provide Copies of High School Diploma or GED Certificate
- Provide Copies of College-University or Military Transcripts if Applicable
- Provide Copy of Driver's License or Photo ID
- Provide Social Security Card/Waiver
- Notarized Felony Reporting Form
- Finger Print Clearance Card
- Student Information Release Authorization Form (FERPA) if Applicable

## 2. Admissions Guidance Check List:

- Meet with Enrollment Advisor for Registration Packet Review
- Meet w/ Enrollment Advisor, Select Program of Study & Catalog Review
- \*All Medical Programs Require Additional Documents & Specialized Advisement Session w/ Health Sciences Program Coordinator. Appt. Date: \_\_\_\_\_
- Review Program Spec. Sheet Including Hours, Tuition & Fees
- Meet with Financial Aid Advisor for Payment Options & Plan

## 3. Final Approval & Enrollment Check List:

- Meet with Financial Manager to Secure Funding for Total Tuition
- Complete & Sign All Payment Plan & Financial Aid Documents
- Receive & Sign for Copy of Student Handbook & Take Student ID Photo

## Student Information Form

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

Social Security Number Date of Birth (MM/DD/YYYY) Gender (M/F)

Cell Phone Number Home Phone Number Email Address

Street Address City State Zip

Returning Student to EVIT? Yes or No EVIT Student ID#: \_\_\_\_\_

Adult Ed. Program(s) of Interest: \_\_\_\_\_

### How did you hear about EVIT? Please circle the one that applies

High School Friend/Referral EVIT Website Facebook Instagram SnapChat Internet Twitter

### Education Status

\_\_\_\_ High School Diploma.....Graduation Date (MM/YYYY): \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_ GED Certificate.....Completion Date (MM/YYYY): \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_ No Diploma or GED (Under Age 18) or \_\_\_\_ No Diploma or GED (Age 18 & Over)  
\_\_\_\_ Associates Degree \_\_\_\_ Bachelor's Degree \_\_\_\_ Master's Degree or Higher \_\_\_\_ Some College or University (No Degree)  
\_\_\_\_ No College or University \_\_\_\_ Technical Training School Name: \_\_\_\_\_ Certificate: \_\_\_\_\_

### First Generation College Student

You are a first Generation College student if both parents/guardians or single parent/guardian did not complete a Bachelor's Degree. Does this apply? Yes or No

### Race/Ethnicity

\*\*Voluntary Information used to comply with Federal Reporting & has no effect on admission to **evit** Adult Ed.  
This information will not be used for any discriminatory purpose.

\_\_\_\_ Hispanic of any race & (or) One or more of the five racial groups (check all that apply)  
\_\_\_\_ White \_\_\_\_ Black or African American \_\_\_\_ Asian \_\_\_\_ American Indian/Alaska native \_\_\_\_ Native Hawaiian/Pacific Islander

### Citizenship Status

\_\_\_\_ United States Citizen  
\_\_\_\_ Legal Immigrant/Permanent Resident Alien Registration# \_\_\_\_\_ Date Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_\_ Lawful Refugee Alien Registration # \_\_\_\_\_ Date Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_\_ Legal Non-Immigrant: Specify VISA Status \_\_\_\_\_ I-94# \_\_\_\_\_ Date Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Special Accommodations

Will you require special accommodations of any sort? Yes or No If yes, please explain: \_\_\_\_\_

## Student Information Form

## Military

Yes or No Currently a member of the U.S. Armed Forces stationed in Arizona pursuant to Military orders?

Yes or No Currently a Dependent of a member of the U.S. Armed Forces stationed in AZ pursuant to Military orders? Yes or No Veteran of the U.S. Armed Forces?

Yes or No Are you eligible for Benefits for any of the Above?

## Criminal Record

Have you ever been convicted of a Felony? Yes or No

If Yes, please explain:

## Transportation

Drive & park on campus – EVIT Parking Permit

Public Transportation

## Employment Hours

None  1-10  11-15  16-20  21-30 or more

## Funding Source(s) (Check all that apply)

Federal Financial Aid (Grants/Private Loans)

Agency Funding Name of Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Veteran or Eligible Dependent Benefits

Cash/Payment Plan

## Signature

I certify that the answers on this student information form are true, correct and complete. In addition, I understand that I am responsible for any expenses incurred at **evit** Adult Ed. in the event that I am unable to obtain enough financial resources to cover my educational costs.

**FERPA Release:** Do you give **evit** permission to release directory information relative to your enrollment (per the family education rights & privacy act of 1974)? Yes or No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All information on this form is confidential and in compliance with the family education rights and privacy act of 1974 (FERPA), FERPA's provisions are explained in the **evit** Adult Ed. Student Handbook. \*Your Social Security number will not be used as your primary student identification number and will be kept confidential. Providing a SSN will ensure that your educational records are complete and correct and will allow the fullest services. Students should be aware that a correct SSN must be on file for reporting information pertaining to potential tax credits and must be used by applicants for federal aid, state aid, and veteran's administration benefits. \***evit** does not discriminate on the basis of race, color, gender, national origin, disability, religion or age in its programs, services or activities. Compliance: Title IX, Title VI, Section 504 of the Rehabilitation act of 1973, the Americans with Disabilities Act of 1990, Drug-Free Workplace Act of 1988. For information regarding discrimination grievance or complaint procedures, contact Adult Ed. Student Services at 480-461-4156.*