



www.nci.edu

North Central Institute

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Clarksville, TN 37042
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admissions@nci.edu

Application

Section 1 – General											
Last Name		First Name			Middle Name			Maiden Name			
SSN: (required)		Date of Birth		Mo	Day	Yr	Place of Birth		City		State
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, of what country are you a citizen?						Type of Visa:			
How did you learn of NCI? <input type="checkbox"/> Friend / Acquaintance <input type="checkbox"/> Website / Internet <input type="checkbox"/> Radio / TV <input type="checkbox"/> Flyer / Yellow Pages <input type="checkbox"/> Other											
Mailing Address:		Street				Apt	City		State		Zip
Permanent Address (if different than above)		Street				Apt	City		State		Zip
Email Address 1						Email Address 2					
Day Phone ()		Evening Phone ()			Cell ()			Fax ()			
Employer Name:						Employer Phone:					
Employer Address: Street						City		State		Zip	
Your Time Zone: <input type="checkbox"/> Asia <input type="checkbox"/> Hawaii <input type="checkbox"/> PST <input type="checkbox"/> MST <input type="checkbox"/> CST <input type="checkbox"/> EST <input type="checkbox"/> Europe											
Section 2 – Military											
Please check all that apply: <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Nat'l Guard											
Unit Address:		Unit City/State/Zip:				Unit Phone:					
Rank:		Primary/Duty MOS:									
<i>If you are Active-Duty, you must provide a copy of your ERB, and any separation papers (DD214)</i>											
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, please answer the following questions:</i>									
I plan to receive the following Veteran's Benefits:		<input type="checkbox"/> Montgomery GI Bill <input type="checkbox"/> Post 911 <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Dependant of Disabled / Deceased Veteran									
Did you receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<i>If you are a Veteran seeking to use your Veteran Benefits, you must provide a copy of your separation paperwork (DD214)</i>											
Section 3 – High School											
Completed High School:		If yes, school name:				City		State		Grad Yr	
<input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> GED		If GED, the state awarding equivalency:				GED Award Date:					
<i>For admission into NCI, you must submit your high school or equivalency (GED) transcript.</i>											
**If you are completing a Credit Inventory Evaluation please skip to Section 5											
Section 4a – Course Admissions											
<input type="checkbox"/> This is my first NCI course enrollment						<input type="checkbox"/> I have previously enrolled in NCI courses (Mo / Yr):					
I am applying for admission into: <input type="checkbox"/> Aviation Maintenance Technician (Part 147) or <input type="checkbox"/> Aviation Maintenance Technology (Part 65)											
<input type="checkbox"/> I am applying for admission into the Associate in Applied Science Degree in Aviation Technology . If yes, please check your area(s) of concentration:											
<input type="checkbox"/> Maintenance				<input type="checkbox"/> Operations				<input type="checkbox"/> Undeclared			

Section 4b – College Status				
<input type="checkbox"/> This is my first year and first college		<input type="checkbox"/> I am seeking a certificate and/or degree.		<input type="checkbox"/> I am not seeking a certificate or degree.
I anticipate starting NCI courses in:		<input type="checkbox"/> Fall 20_____	<input type="checkbox"/> Winter 20_____	<input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____
I will attend either:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part Time	I anticipate completing my NCI program (mo / yr):
I will take classes during:		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Day & Evening <input type="checkbox"/> Other
Photographs taken at North Central Institute may be used for the newsletter or other promotional material.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Section 5 – Previous College / University					
Name of College / University	City / State / Country	Dates Attended	Credits / Degree Earned	Have you requested an official transcript be sent to NCI? *	
		To		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		To		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		To		<input type="checkbox"/> Yes	<input type="checkbox"/> No
* You must provide official transcripts from each school if you are using VA benefits, enrolling in the AMT and/or Associate's Degree Program, or applying for Credit Inventory Evaluations (CIE).					

Section 6 – Federal / State / Institution Reporting Data	
As an AFFIRMATIVE ACTION and EQUAL OPPORTUNITY organization, North Central Institute prohibits discrimination in its policies, practices and procedures and is required to submit statistical data on the composition of its student body. <i>This information is used for administrative purposes only.</i>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you considered disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check those that apply to you:	
<input type="checkbox"/> Nonresident alien (10)	<input type="checkbox"/> Black (3) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Other (6)
<input type="checkbox"/> Race and Ethnicity unknown (7)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (8) <input type="checkbox"/> White (4)
<input type="checkbox"/> American Indian / Alaska Native (1)	<input type="checkbox"/> Two or more races (9) <input type="checkbox"/> Hispanic of any race (5)
NOTICE OF NON-DISCRIMINATORY POLICY: North Central Institute admits students of any sex, race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the college. It does not discriminate on the basis of handicap, race, color, sex, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and other school administered programs. North Central Institute is an Equal Opportunity Employer.	

Section 7 – Payment			
All fees must be submitted in US currency. <i>Personal checks are not accepted.</i>			<input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Charge Amount \$	Card Number:	Exp Date	Authorized Cardholder:
Signature:	Date:	Authorized Cardholder's Zip Code:	

Section 8 – Signature	
I hereby certify that all answers given to all questions on this application are correct and complete, to the best of my knowledge. I agree to abide by all policies and regulations set forth in official publications at North Central Institute. I understand that my submission of false information may result in my dismissal from NCI.	
Signature:	Date:

North Central Institute (NCI) makes no representation, as to the acceptability of credits earned by students at NCI by other institutions. The transfer of credits by other institutions is solely the decision of the accepting institution. (Reference Form 2397-1)

Application fees are nonrefundable. Tuition may be refunded according to the program refund policies as published in the NCI Catalog.

All information provided on this form is governed by the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended. THIS FORM MAY BE REPRODUCED.