

A \$40 Nonrefundable
Processing Fee is required
with this application.

**Complete this form if you
are seeking a Technical
Certificate or an Associate
of Applied Science Degree.**



3136 DICKENS AVENUE • MANHATTAN, KANSAS 66503-2499
785-587-2800 • 800-352-7575 • FAX 785-587-2804

OFFICE USE ONLY
Student ID# _____
Application Received _____
Computer entry _____
Letter mailed _____
Method of Payment _____
Receipt _____

APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMS

Please type or print. Return completed application and appropriate fee to the address listed above.
Failure to fully complete this form may delay application processing.

Personal Information (Please print)

Legal Name _____
Last Name First Name Full Middle Name Suffix
Preferred Name _____ Maiden/Other last names used _____
Social Security # _____ Date of Birth _____ Gender: ☐ Male ☐ Female
MM/DD/YYYY
Current Mailing Address _____
City _____ State _____ Zip _____ - _____ KS County _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
Permanent Address _____
City _____ State _____ Zip _____ - _____ KS County _____
Email address _____

Educational Goal Information

Submission of this application does not guarantee admission at the desired entry date.

Preferred Start Date ☐ Fall (Aug) ☐ Spring (Jan) Year _____

- | | |
|--|--|
| <input type="checkbox"/> Advanced Biotechnology – Fall only | <input type="checkbox"/> Electric Power & Distribution – Spring only |
| <input type="checkbox"/> Air Conditioning & Refrigeration – Fall only | <input type="checkbox"/> Facilities Maintenance Technology – Fall & Spring |
| <input type="checkbox"/> Automotive Collision Repair – Fall only | <input type="checkbox"/> Information & Network Technology – Fall & Spring |
| <input type="checkbox"/> Automotive Technology – Fall only | <input type="checkbox"/> Clinical Medical Laboratory Technology* – Fall only |
| <input type="checkbox"/> Building Trades – Fall only | <input type="checkbox"/> Practical Nursing* – Fall only |
| <input type="checkbox"/> Business Administration – Fall & Spring | <input type="checkbox"/> Associate Degree Nursing* – Fall (July) & Spring |
| <input type="checkbox"/> Computer-Aided Drafting Technology – Fall & Spring | <input type="checkbox"/> Technical Studies – Fall & Spring |
| <input type="checkbox"/> Dental Hygiene* – Fall only | <input type="checkbox"/> Welding Technology – Fall only |

**Program contains additional application requirements. Students are enrolled in Technical Studies until they meet additional program specific entrance requirements.*

What are your plans at MATC? (check one of the following)

Are you working toward an AAS Degree?

☐ Yes ☐ No

Are you working toward a Certificate Program?

☐ Yes ☐ No

Demographic Information (for state, local & federal reporting purposes)

Are you a U.S. citizen? ☐ Yes ☐ No

*These questions are used to monitor compliance with several federal and state statutes. You are not obligated to respond. If you do, your responses to the following will not affect your admission.

Did a parent or grandparent attend college? ☐ Yes ☐ No

Ethnicity: Are you Hispanic/Latino ☐ Yes ☐ No ☐ Non-Resident Alien

Race (select one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Not Listed/Unknown

Is English your primary language? ☐ Yes ☐ No

Check all of the following that apply:

☐ Displaced Homemaker (loss of at least 50% of household income due to divorce, death, etc.)
☐ Disabled ☐ Economically Disadvantaged (e.g. receiving a Pell or WIA Grant) ☐ Single Parent

Military Status

☐ Active Duty Military ☐ Military Veteran ☐ Military Spouse ☐ Military Dependent What branch of service? _____

Education Information (Official transcripts are required from all institutions attended prior to MATC.)

NOTE: All degree seeking students must have official post-graduation transcripts (high school, homeschool, or proof of GED) on file to meet both admission and financial aid requirements.

Name of High School _____ City _____ State _____

Have you graduated from High School? ☐ Yes ☐ No Graduation Date (*Anticipated*) _____
Month/Year

Have you taken the GED? ☐ Yes ☐ No GED Date _____
Month/Year

Have you attended any other institutions/schools/colleges since high school? ☐ Yes ☐ No
If yes, complete the box below (include MATC if applicable.)

Name of College, University, Technical School/College (Do not abbreviate)	City, State	Years Attended	Hours Earned	Degree/Certificate Earned

Have you successfully completed a college-level math course at a U.S. college? ☐ Yes ☐ No

Name of course _____

Have you successfully completed a college-level English course at a U.S. college? ☐ Yes ☐ No

Name of course _____

CERTIFICATION: I understand college policy requires an official transcript be sent from each institution I have attended. It is my responsibility to make sure that each transcript is sent to the MATC. I certify that all the information is complete and correct. I understand failure to disclose or falsification of information could result in a denial of admissions. Any change of address or name must be filed immediately with the MATC office.

Tuberculosis Screening - Please answer the following questions (Circle the correct answer)

1. Have you ever had a positive result on a tuberculosis test? (Skin Test, Blood Test, Chest X-Ray) Yes No
2. Have you ever had close contact with anyone who was sick with TB? Yes No
3. Were you born in a country **NOT** listed below? (If you were born in the United States, the answer is no) Yes No
Name of birth country _____
4. Have you ever traveled to and spent over 3 months in a country **NOT** listed below? Yes No
If yes, please list countries traveled and time spent there: _____
5. Have you ever been vaccinated with BCG (vaccine given in foreign countries to prevent Tuberculosis)? Yes No

If the answers to the questions are “**NO**”—no further testing or action is required.

If the answer to ANY of the above questions is “YES”, it is your responsibility to obtain a completed Tuberculosis Risk Assessment which includes TB testing.

A hold will be placed on your attendance in all classes until the signed Risk Assessment Form has been provided. Return the Risk Assessment form to Student Services prior to start of classes.

List of Exempt-Low Incidence-TB Countries

Albania	British Virgin Isles	Fiji	Jamaica	Slovakia
American Samoa	Canada	Finland	Luxembourg	Spain
Andorra	Chile	France	Malta	Sweden
Antigua and Barbuda	Costa Rica	Germany	Nauru	Switzerland
Australia	Cuba	Grenada	Netherlands	Turks & Caicos Islands
Austria	Cyprus	Hungary	Norway	United Virgin Islands
Bahamas	Czech Republic	Iceland	Saint Kitts & Nevis	United States of America
Barbados	Denmark	Ireland	St Lucida	United Kingdom of Great Britain
Belgium	Dominica	Italy	Samoa	Wallis & Futuna Islands

How did you hear about us? (Check all that apply.)

- ☐ Friend/Family Member
 ☐ MATC Alumni
 ☐ High School Visit
 ☐ College Planning Conference
 ☐ Job Fair
☐ Radio
 ☐ TV
 ☐ Internet
 ☐ Other (please list)_____

By signing the application below I hereby consent and authorize MATC personnel and their respective agents and contractors to contact me regarding my student account balance, including repayment and debt collection, at the current or any future number that I provide for my cellular telephone or other wireless devise using automated dialing equipment or artificial or prerecorded voice or text messages.

Applicant's Signature

Date

NOTICE OF NON-DISCRIMINATION

The MATC Board of Directors supports and complies with Title VI and Title VII of the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 and Amendments, The Americans with Disabilities Act, Title IX and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services and the Department of Education. It is the policy of the Board of Directors that no person in the United States (on the grounds of race, color, religion, sex, national origin, ancestry or disability) shall be excluded from participation in, denied the benefit of or otherwise subjected to discrimination under any program or activity of, or employment with Manhattan Area Technical College. Specific complaints of alleged discrimination under Title IX (sex) and Section 504/ADA (handicap, disability) should be referred to Title IX/Section 504/ADA Coordinator, 3136 Dickens Ave., Manhattan, KS 66503, 785.587.2800.