



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 \_\_\_\_\_

## Continuing Education & Non-Degree Seeking Course Enrollment Form

Please type or print legibly. Return completed application 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

Email Address\* \_\_\_\_\_

\*Will use this personal email address to send your MATC email and Online credentials. Please allow a week to receive information.

Cell phone (\_\_\_\_) \_\_\_\_\_ Cell Phone Company: ☐ AT&T ☐ U.S. Cellular ☐ Other \_\_\_\_\_  
☐ Sprint ☐ Verizon

Permission to Text? (Standard text messaging rates may apply.) ☐ Yes ☐ No

Current Mailing Address \_\_\_\_\_ Landline Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_ KS County \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_ KS County \_\_\_\_\_

### Course Information (Required)

*Submission of this application does not automatically guarantee admission into the courses listed below.*

COURSE NUMBER	SECTION NUMBER	COURSE TITLE	CREDIT HOURS	DAY/TIME

### 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. 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

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:

☐ Disabled ☐ Economically Disadvantaged (e.g. receiving a Pell or WIA Grant) ☐ Single Parent

Military Status:

Are you a spouse or dependent of the branches below?

☐ Active Duty Military ☐ Military Veteran ☐ Military Spouse ☐ National Guard/Reserve Forces ☐ Military Dependent

If any of the Military Status questions are checked, please indicate what branch of service \_\_\_\_\_

## Educational Goal Information – What are your plans at MATC? (Check to Following)

☐ Take one or more classes and have credit transferred to another technical school/college, community college, or university. What School? \_\_\_\_\_

☐ Take bioscience classes as prerequisites for admission into a program. (e.g., DH, MLT, ADN, PN, BioTech)

☐ Take one or more classes to further your own education for a job you already hold.

☐ Take a continuing education class.

## Tuberculosis Screening Information – (Required)

Manhattan Area Technical College requires all students to complete a Tuberculosis Screening Questionnaire, per Kansas Statute KSA 2009 Supp. 65-129 to aid in prevention and control of Tuberculosis as required by State of Kansas Department of Health & Environment. For additional information on TB: [www.cdc.gov/tb/publications/factsheets/default.htm](http://www.cdc.gov/tb/publications/factsheets/default.htm)

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. Admissions may request that you provide additional required documentation, or require testing and evaluation by a healthcare provider. If further testing is indicated, the process could take up to 4 weeks to complete.

**You will not be able to move through the application process until the signed risk assessment has been provided to the admissions office to be placed with your records.**

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 State of America
Barbados	Denmark	Ireland	St Lucida	United Kingdom of Great Britain
Belgium	Dominica	Italy	Samoa	Wallis & Futuna Islands

## Education Information – (Required)

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you graduated from High School? ☐ Yes ☐ No Graduation Date (*Anticipated*) \_\_\_\_\_

Current Grade in High School (e.g., 11th, 12th) \_\_\_\_\_

Have you taken the GED? ☐ Yes ☐ No GED Date \_\_\_\_\_

Is this your first time attending MATC? ☐ Yes ☐ No Have you attended any other colleges since high school? ☐ Yes ☐ No

If yes, list last school attended \_\_\_\_\_

Name of College, University, Technical School/College

City/State

Years Attended

## 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) \_\_\_\_\_

I certify that the information provided in this application is true and accurate without evasion or misrepresentation. I understand that this application is a legally binding document and if this information is found to be false or misleading, this fact alone will be sufficient cause for my admission to be denied or revoked and my enrollment will be canceled. I understand that when I register for any class at Manhattan Area Technical College or receive any service from MATC I accept full responsibility to pay all tuition, fees, and other associated costs assessed as a result of my registration and/or receipt of services, regardless of anticipated Financial Aid or 3<sup>rd</sup> party assistance. It is my responsibility to make sure my application file includes a completed application, official transcripts from high school and post-secondary institutions attended, and other required test scores and documents requested by MATC. 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 device using automated dialing equipment or artificial or prerecorded voice or text messages.

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

Date \_\_\_\_\_

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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.