



CERTIFICATE PROGRAM APPLICATION

Please complete each section

PERSONAL INFORMATION			
Name (Last)	First	M.I.	
Maiden Name/Other Names	Date of Birth	Social Security #	
Residence Address (No., Street)	City	State	Zip Code
Mailing Address (if different from Residence Address)		E-Mail Address	
Telephone Home (Include Area Code)	Telephone Business (Include Area Code)	Are you a resident of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No (Copy of residence card required)	
CERTIFICATE PROGRAM			
<input type="checkbox"/> Project Management <input type="checkbox"/> Computer Security <input type="checkbox"/> Public Safety Administration I <input type="checkbox"/> Public Safety Administration II <input type="checkbox"/> Health Insurance Customer Service <input type="checkbox"/> Land Surveying <input type="checkbox"/> Post-baccalaureate Paralegal <input type="checkbox"/> Leadership in Health Care Administration			
STUDENT BIOGRAPHIC DATA			
Highest degree completed <input type="checkbox"/> No College Some College, <input type="checkbox"/> No degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's or higher			
What are your career objectives?			
CURRENT EMPLOYMENT			
Are you presently employed? <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Not employed <input type="checkbox"/> Self employed			
If employed, please check field: <input type="checkbox"/> Government <input type="checkbox"/> Business/Industry <input type="checkbox"/> Education <input type="checkbox"/> Military <input type="checkbox"/> Health Care <input type="checkbox"/> Social/Religious <input type="checkbox"/> Child Care			
Name of Employer , Employer Address & Your position			
Are you Presently an Active Duty Military Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch of Service _____		Current Dates of Service From: _____ To: _____	
STATISTICAL DATA			
Charter Oak State College is an Affirmative Action institution; responses in this section will be treated as confidential and used by student personnel services.			
<input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Background (check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic Black, <input type="checkbox"/> NonHispanic <input type="checkbox"/> White, NonHispanic <input type="checkbox"/> Prefer not to respond			
I hereby certify that the above statements are true and correct to the best of my knowledge. I hereby submit my application to Charter Oak State College subject to the policies and procedures of the College and the Board for State Academic Awards.			
Signature _____		Date _____	
Please return this application and a \$75 nonrefundable application fee to: Charter Oak State College, 55 Paul J. Manafort Drive, New Britain, CT, 06053-2150			
Method of Payment:			
<input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER			