



NORTH CENTRAL INSTITUTE
 168 JACK MILLER BLVD.
 CLARKSVILLE, TN 37042
 (931) 431-9700; (931) 431-9771 Fax
 admissions@nci.edu

APPLICATION

Section 1 – General					
Last Name	First Name	Middle Name	Suffix	Maiden Name	
SSN: <small>(required)</small>	Date of Birth (mm/dd/yyyy)	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 <small>(if different than above)</small>	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	
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, provide a copy of your ERB/ORB</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"/> Dependent 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, provide a copy of your separation paperwork (DD214) Member 4 copy</i>					
Section 3 – High School					
Completed High School: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	If yes, school name:		City	State	Grad Yr
	If GED, the state awarding equivalency:		GED Award Date:		
<i>For admission into NCI, you must submit proof of high school with an official transcript, equivalency (GED) score report, HiSET, or appropriate military documentation.</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 of Applied Science Degree in Aviation Technology.	



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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):		

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
* <i>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).</i>				

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"/> Race and Ethnicity unknown (7)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (8)
<input type="checkbox"/> American Indian / Alaska Native (1)	<input type="checkbox"/> Two or more races (9)
<input type="checkbox"/> Asian (2)	<input type="checkbox"/> White (4)
<input type="checkbox"/> Hispanic of any race (5)	<input type="checkbox"/> Other (6)
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. A 4% processing fee will be deducted from cc refunds.</i>			<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa
			<input type="checkbox"/> Master Card	Authorized Card Holder's Zip Code
Charge Amount \$	Card Number:	Exp Date	CVV Code	Authorized Cardholder:

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.	
<input type="checkbox"/> Check this box to <i>opt out</i> of receiving auto generated and/or pre-recorded calls and/or texts regarding updates, offers and other important information from or on behalf of North Central Institute (NCI). I understand that consent is not a condition of doing business with NCI. Text message charges from my cell phone provider may apply.	
Signature:	Date:

By signing above, I request that all transfer credit be applied to my program of study as applicable. 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. All information provided on this form is governed by the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended.