



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: (required)		Date of Birth (mm/dd/yyyy)		
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 / Counselor <input type="checkbox"/> NCI Website <input type="checkbox"/> Social media <input type="checkbox"/> Flyer <input type="checkbox"/> Other				
Mailing Address:	Street	Apt	City	State Zip
Permanent Address (if different than above)	Street	Apt	City	State Zip
Personal Email:		Confirm Email:		
Phone ()				
Employer Name:		Employer Phone:		
Employer Address:	Street	City	State	Zip

Section 2 – Military

Please check all that apply: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Space Force <input type="checkbox"/> National Guard				
Unit Address:	Unit City:	State:	Zip:	
Rank:				
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please answer the following questions:			
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"/> No <input type="checkbox"/> Yes		
If you are on active duty, provide a copy of your STP, If retired JST. If you are a Veteran seeking to use your Veteran Benefits, provide a copy of your separation paperwork (DD214) Member 4 copy				

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:		
For admission into NCI, you must submit proof of high school with an official transcript, equivalency (GED) score report, HiSET, or appropriate military documentation.				

****If you are completing a Credit Inventory Evaluation, please skip sections 4a & 4b.**

Section 4a – Admissions

<input type="checkbox"/> This is my first NCI course enrollment	<input type="checkbox"/> I have previously enrolled in NCI courses <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, (Year) _____
I am applying for admission into:		
<input type="checkbox"/> Aviation Maintenance Technician (AMT 147)	<input type="checkbox"/> Aviation Maintenance Technology (AMT 65)	<input type="checkbox"/> Associate of Applied Science in Aviation Technology



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 <input type="checkbox"/> I am taking this course for personal enrichment.			

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

*** Applicant must provide official transcripts from each school if you are using VA benefits, enrolling in the AMT and/or Associate 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 based on disability, handicap, race, color, sex, or national and ethnic origin in the 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	
Will you require an Individual educational plan to complete your program of study successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what accommodations are needed? _____	
<i>Reminder: Accommodations must be within acceptable norms of industry work-related expectations.</i>	

Section 8 – Payment <i>2% credit card service fee will be applied to all CIEs.</i>				*Application fees are non-refundable	
All fees must be submitted in US currency. <i>Personal checks are not accepted. A 4% processing fee will be deducted from cc <u>refunds</u>.</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 9 – 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 <u>opt out</u> 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)

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