

Admissions Application

Legal Last Name: _____

Legal First Name: _____

Middle Initial: _____ Date of Birth: ____/____/____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Number Type: Cell Landline\Home

Secondary Phone Number: _____ Number Type: Cell Landline\Home

Gender (Required): Male Female Are you a veteran? (Required): Yes No

Ethnic Origin (Required):

White Hispanic/Latino American Indian or Native Alaskan Black or African American Native Hawaiian or Pacific Islander Asian

Are you a US citizen? (Required): Yes No

If Not A Us Citizen, Country of Citizenship: _____

How did you hear about Douglas Education Center? _____

High School Education: High School Graduate GED or Equivalent Still in High School None of the Above

Name of High School Attended: _____

City of High School Attended: _____ Year of Graduation or GED Awarded: _____

List Post-Secondary Educational Institution(s) You Have Attended

• Name of Institution _____ Reason for Leaving Graduated Withdrew Terminated

• Name of Institution _____ Reason for Leaving Graduated Withdrew Terminated

DEC offers a Career Tracking service to all students. By telling us your career goal, our Career Services Department can get a head start on helping you to meet that goal.

On the line below, please let us know your career goal: (Required)

To better assist you in meeting your career goal, please tell us when you plan to graduate: (Required)

On Time Unsure (I don't know if I will complete my program of study on time.) Other _____

Program of Interest

- Graphic Design & Web Program
- Tom Savini's Special Make-Up Effects Program
- George A. Romero's Filmmaking Program
- Cosmetology Program
- Cosmetology Teacher/Salon Manager Program
- Esthetics Program
- Esthetician and Nail Technologist Program
- Medical Assistant Program
- Medical Billing and Coding Program
- Heavy Equipment and CDL with Safety & Natural Gas Program
- Heavy Equipment and CDL with Safety Program
- Commercial Driver's License Program (CDL)

Semester Beginning

- Fall –Year**_____
- Spring –Year**_____
- Summer--Year**_____

Primary Emergency Contact: (Required)

Name _____ Phone Number _____

Relationship to Primary Emergency Contact: _____ Email _____

Secondary Emergency Contact:

Name _____ Phone Number _____

Relationship to Primary Emergency Contact: _____ Email _____

Please check the following box to acknowledge the statements below:

I hereby submit my application for enrollment at Douglas Education Center according to the regulations set forth in the school catalog. I wish to be enrolled in the program indicated above. I am mailing or will submit my \$50 application fee. (Make checks payable to: Douglas Education Center)

By checking this box, I authorize that Douglas Education Center (DEC) and its respective agents and contractors have my consent to contact me regarding any matter related to my enrollment or interest in a program of study, my loan(s) and/or other debts, including personal payments, repayment of my loan(s) and/or other debts, at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages. I understand that I do not have to agree to receive autodialed calls or automated text messages to apply or enroll but that if I don't, I may fail to receive valuable information.

Please check the box next to the payment method you are using to pay your \$50 application fee:

- Online (credit or debit card):** www.dec.edu/pay
- By phone (credit or debit card):** 1-800-413-6013
- In Person: Cash, Check, Money Order, or Credit Card**
- By mail (check or money order) Mail to: Douglas Education Center 130 Seventh St Monessen, PA 15062**
Make checks payable to: Douglas Education Center