



STUDENT APPLICATION FORM

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|--|--|-------|--------------|------------------------------------|--------------------------|------------------------------------|-----------------|-----------|-------|
| Vision Care Technology | | | | | Desired Entry Date: | | | | |
| Name: (Last, First, MI) | | | | | | Alamo Student? Yes No | | | |
| | | | | | | Banner ID#: | | | |
| Street Address | | Apt # | City | | State | Zip | | Email: | |
| Home Phone: | | | | | Cell or Alternate Phone: | | | | |
| College/University Attended | | | | (include attachments as necessary) | | Degree | Hours Completed | Dates | |
| | | | | | | | | | |
| | | | | | | | | | |
| Employment History | | | | Employer | | (include attachments as necessary) | | Job Title | Dates |
| | | | | | | | | | |
| | | | | | | | | | |
| Are you eligible to work in the United States ? Yes _____ No _____ | | | | | | | | | |
| Enrollment into the Vision Care Technology program by students with felony convictions could result in denial of licensure or certification. | | | | | | | | | |
| Medical Emergency Numbers: | | | | | | | | | |
| Name | | | Relationship | | | | Phone Number | | |
| | | | | | | | | | |
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I understand that falsification of any information on application will automatically disqualify me as an applicant for admission and will result in my being dropped from the Vision Care Technology program.

I have read and understand the Notice to Program Applicants .

Applicant Signature

Date



NOTICE TO PROGRAM APPLICANTS

The Vision Care Technology program makes every effort to provide an understandable application process by ensuring each applicant has the necessary information for application completion. It is the student's responsibility to review the application requirements and selection criteria for the Vision Care Technology program to which they are applying. Application requirements and selection criteria are subject to change. Please visit our website for detailed information about our program's application and selection process.

All applicants have equal opportunity to contact the program director prior to submitting their application. Each program reserves the right to consider an applicant ineligible for program admission if he/she neglects any part of the stated requirements for application or selection. Fulfilling all application criteria does not guarantee acceptance into a program as program size is limited. Acceptance to Vision Care Technology program is subject to completion of a background check and drug screen.

Allied Health front office personnel are able to assist you with general application questions you may have. However, it remains the responsibility of the applicant to follow all written instructions for application submission and selection criteria.

Alamo Colleges, St. Philip's College, the Allied Health Department and the Vision Care Technology program are not responsible for any applicant misinterpretation of the application or selection process. As evidence that you have read and understand this notice, you will be asked to confirm with your signature on the Vision Care Technology Program Application.