

CANDIDATE INFORMATION/APPLICATION

Please Print or type all information

[Empty box for Driver's License Number]

Driver's License Number

Date of Birth (Month/Day/Year)

Last Name First Middle

Address City State Zip

Home Phone: email:

Cell Phone:

Graduating High School: YOG or G.E.D. completed

Did you participate in a High School Automotive Program? Yes No

Location of Program:

How long did you attend? Name of Teacher:

If you have previously attended other colleges, please provide the following information.

I previously attended: College & Major

City and State Credit Hours Earned

Do you have a valid driver's license? Yes No list any violations:

Work Experience (List most recent experience first)

Employer Address Date Type of Work

Release of Information

I hereby grant permission to LRCC to share all records concerning my application for the ASEP/T-TEN program, and information and grades related to my academic performance with General Motors Company or Toyota Motor Sales and their dealers.

For Automotive Technology evening students, I hereby grant permission to LRCC to share all records concerning my application, and information and grades related to my academic performance with my current or prospective employers.

Please sign and record the date in the space provided below.

Please return this complete your college application to:

Signature

Transportation Technologies Lakes Region Community College
379 Belmont Road
Laconia, NH 03246
603-524-3207

