



<input type="checkbox"/> Metairie – MET Main Campus 3200 Cleary Ave. Metairie, LA 70002 (504) 456-3141	<input type="checkbox"/> Metairie – MET Satellite Campus 4436 Veterans Blvd. Metairie, LA 70006 (504) 293-0972	<input type="checkbox"/> Shreveport – SPT Branch of Metairie 8731 Park Plaza Dr. Shreveport, LA 71105 (318) 425-7941	<input type="checkbox"/> Lafayette – LFT Branch of Metairie 120 James Comeaux Rd. Lafayette, LA 70508 (337) 269-0620	<input type="checkbox"/> Gulfport – GPT Satellite Campus 12251 Bernard Pkwy. Gulfport, MS 39503 (228) 896-9727
<input type="checkbox"/> Houma – HMA Branch of Metairie 803 Barrow St. Houma, LA 70360 (985) 601-4000	<input type="checkbox"/> Fayetteville – FYT Branch of Metairie 3448 N. College Ave. Fayetteville, AR 72703 (479) 442-2914	<input type="checkbox"/> Fayetteville Satellite Campus 2503 Hiram Davis Ave. Fayetteville, AR 72703 (479) 521-2550	<input type="checkbox"/> Alexandria – ALX Branch of Metairie 1505 Metro Dr., Suite I Alexandria, LA 71301 (318) 445-2778	<input checked="" type="checkbox"/> Alexandria – (Online) Branch of Metairie 1505 Metro Dr., Suite I Alexandria, LA 71301 (225) 349-7181
Name: (First, MI, Last)			Home Phone:	
Address: (Number & Street, Apt. #, City, State, Zip)				
E-Mail:			Cell Phone:	
Employer: (Name, City, State)			Work Phone:	
Date of Birth:	Social Security Number:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Plan to Apply for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other than traffic violations, have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the nature of the crime? _____ When did the conviction occur? _____			If Yes: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
I have graduated from High School: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes for any, date of graduation (expected) (M/YR)____ / _____		
I plan to graduated from High School: <input type="checkbox"/> Yes <input type="checkbox"/> No				
I have received a G.E.D <input type="checkbox"/> Yes <input type="checkbox"/> No				
I plan to receive a G.E.D <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please briefly explain why you believe that you should be accepted to Blue Cliff College? _____ _____				
Check Applicable Box for Program of Study				
<input type="checkbox"/> Clinical Administrative Medical Assisting- Associate in Occupational Studies		<input type="checkbox"/> Massage Therapy – AOS (GPT, MET, SPT)		
<input type="checkbox"/> Health Information Management-Billing & Coding- Associate in Occupational Studies				
Projected Start Date: _____				
<i>Note: Schedules are not guaranteed, but efforts will be made to honor preferred schedules.</i>				



List the following information for all post-secondary institutions previously attended:			
College/School Name	City/State	Dates Attended	Degrees Earned

Blue Cliff College admits students without regard to race, gender, sexual orientation, religion, creed, color, national origin, ancestry, marital status, age, disability, or any other factor prohibited by law. Your responses to the questions below will not affect our consideration of your application.

Responding to these questions is optional; information is for Federal data collection purposes only.

Gender: Female Male

Ethnic Category:

Black, non-Hispanic American Indian/Alaska Native Asian/Pacific Islander Hispanic White, non-Hispanic

By submitting this application to Blue Cliff College, I agree to acquaint myself with the policies and regulations of the College if I am accepted, to abide by them. I certify that all answers of this application are complete and understand that providing false or incomplete answers could disqualify me from acceptance or terminate my enrollment. If I answered yes to the question above “conviction of a criminal offense”, I understand that I may be required to provide Blue Cliff College with a criminal background history. I understand that Blue Cliff College reserves the right to deny admission to applicants convicted of criminal offense or with a mental and/or medical/health issues that could potentially endanger classmates, staff, and clients, or to applicants with an untreated substance abuse problem.

I certify that the above information is true and correct and make application to Blue cliff College:

Applicant's Printed Name

Date

Applicant's Signature

Date

Admissions Representative Signature

Date