



STATE TECHNICAL COLLEGE of MISSOURI APPLICATION FOR ADMISSION



Complete, sign and return this application to the Office of Admissions, State Technical College of Missouri, One Technology Drive, Linn, MO 65051. Some programs have application deadlines and other required documentation. Contact the Office of Admissions at 800.743.8324 or email admissions@statetechmo.edu to learn more. There is no application fee.

PERSONAL INFORMATION

1. Print Your Full Legal Name: _____
Last *First* *Middle*

2. Address: _____
Number & Street or RFD No. *Apt. No. or Box No.*

_____ *City* *State* *Zip* *County*

3. Email Address (Complete only if you are a regular email user): _____

4. Home Phone Number: (____) _____ Cell Phone Number: (____) _____

5. Would you like to receive text messages from STATE TECH at the cell phone number listed above? Yes No
Check your wireless provider for any message and data rates that may apply.

6. Country of Birth: _____
Country

7. Emergency Contact: Parent Guardian Spouse Other _____

_____ *Last* *First* *Middle*

8. Please provide a daytime phone number for your emergency contact person: _____

9. Are you a Missouri resident? Yes No
If yes, how long have you lived in Missouri? List the month and year: _____

10. Will you require Financial Aid? Yes No
If yes, please provide your Social Security Number: _____

11. Please provide the name and location of ALL high schools and colleges attended, dates of attendance, degrees earned or expected prior to enrollment at State Tech, beginning with the most recent. If currently enrolled, indicate in Dates of Attendance space(s).

Failure to disclose high schools, colleges or universities in which you have been enrolled may void your admission to State Tech. Please contact the Academic Records Office for questions regarding transfer and articulation credit evaluations at registrar@statetechmo.edu.

High School or College/University	City & State	Credits Earned	Dates of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(please attach additional high schools or colleges to this application on a separate document)

12. When do you plan to take classes? Fall (August) Spring (January) Summer (May/June/July)
Year 20 _____

13. Select your program choice from the list provided below:

1st _____

2nd _____

Check here if undecided _____

Contact Office of Admissions to apply for additional program(s).

Some programs are competitive and may have additional application requirements and deadlines. Contact the Office of Admissions at 800.743.8324 or email admissions@statetechmo.edu for more details.

ASSOCIATE OF APPLIED SCIENCE DEGREES

Advanced Manufacturing Technician
Automotive Collision Technology
Automotive Technology
-General Option
-Electric/Hybrid Vehicle Option
-Light-Duty Diesel Option
-High Performance Option
Aviation Maintenance
Business Administration
-General Option
-Accounting Option
-Technical Specialty Option
-Technical Specialty Option - Healthcare
Civil Engineering Technology
Commercial Turf & Grounds Management
Computer Application Development
Drafting and Design Engineering Technology
Electric Power Generation Technology
Electrical Distribution Systems
Electronics Engineering Technology
-General Option
-Biomedical Engineering Technology Option
Heating, Ventilation, & Air Conditioning Technology

Heavy Equipment Technology
-General Option
-CAT Dealer Service Technician Option
Industrial Electricity
-Construction Option
-Automated Controls Technician Option
Medical Radiologic Technology
Medium/Heavy Truck Technology
-General Option
-Heartland International Dealers Association Option
Networking Systems Technology
-General Option
-Digital Communications Technician Option
Nuclear Technology
-Radiation Protection Option
-Reactor Operations Option
-Instrumentation and Controls Option
Outdoor Power and Sports Technology
-General Option
Physical Therapist Assistant
Precision Machining Technology
Utility Systems Technician
Welding Technology

CERTIFICATES

Automotive Collision Technology
-Refinishing & Non-Structural Repair
-Structural & Mechanical Repair
Automotive Technology
-General Automotive
-Maintenance & Light Repair
Aviation Maintenance
-Airframe
-Powerplant
Business Administration
Commercial Turf & Grounds Management
-Landscape Management
-Turfgrass Management

Dental Assisting Technology
Electric Power Generation Technology
Heavy Equipment Operations
Industrial Electricity-Electromechanical
Networking Systems Technology
-Golf Course/Landscape Equipment Management Option
Outdoor Power and Sports Technology
-Basic
Practical Nursing Technology
Welding Technology
-Entry-Level Welding

14. Have you participated in any of these activities? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> FFA | <input type="checkbox"/> Robotics team |
| <input type="checkbox"/> Military | <input type="checkbox"/> Construction work |
| <input type="checkbox"/> Technical coursework | <input type="checkbox"/> Automotive work |
| <input type="checkbox"/> SkillsUSA | <input type="checkbox"/> Other previous work experience |
| <input type="checkbox"/> Other (please list) _____ | |

15. Please select your Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White |

SIGNATURE

I certify that all information contained in this application is true and complete and that no information has been withheld. I further understand that any incomplete or false information provided on this application may void my admission.

I will request that my official transcripts be mailed to the State Technical College of Missouri Office of Admissions. In addition, I agree to the release of any transcripts, student records and test scores to State Technical College of Missouri including any ACT, COMPASS, or ACCUPLACER score reports that State Technical College of Missouri may request from ACT or College Board.

By signing this application, I agree to comply with State Technical College of Missouri's computer acceptable use policy and all rules and regulations of the college as documented in the college catalog and student handbook, both of which are available at www.statetechmo.edu. I understand all items in my file may be shared with or reviewed by a Dealer, Employer, Sponsor, Partner and/or others as part of the admissions process at State Technical College of Missouri.

State Technical College of Missouri is committed to nondiscrimination and equal opportunities in its admissions, educational programs, activities and employment regardless of race, sex, creed, color, national origin, age, or disability to ensure nondiscrimination.

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

A parent's or guardian's signature is required for a student under 18.

**Send the completed application to:
Office of Admissions
State Technical College of Missouri
One Technology Drive • Linn, MO 65051
Phone: 1-800-743-8324 • Fax: 573-897-5026
[Email: admissions@statetechmo.edu](mailto:admissions@statetechmo.edu)**