

Admission Application

ADMISSION APPLICATION DEADLINES

Check the website for deadlines! If you are applying for one of our clinical programs, please make sure to follow the respective Admission Guide because additional documentation may be required in addition to different application deadlines.

FINANCIAL AID DEADLINES

Financial Aid School Code: 013580

Check the website and current semester bulletin for Financial Aid Deadlines!

ADMISSION APPLICATION CHECKLIST

Use this grid to organize the items you need for admissions.

Have	Missing	N/A	
			Proof of up-to-date immunizations records (2MMRs & tetanus) for all applicants born after 1956. <i>If N/A, signed waiver? ___ Yes ___ No</i>
			Meningitis vaccine (first-time freshman only).
			Proof of Louisiana residency (A resident is one who has lived in LA for 365 days preceding the anticipated enrollment date). <i>If N/A, applicant is non-resident? ___ Yes ___ No</i>
			Proof of selective service registration for males 18-25 years of age. To print your registration, visit www.sss.gov
			Official high school transcript, diploma, or GED (Only one required).
			Test scores (ACT within 5 years from anticipated enrollment date OR COMPASS within 2 years from anticipated enrollment date). Please attach.
			Official college transcript(s) of all institutions attended. (if out-of-state or private institutions, course descriptions for each course on the transcript MUST be included). <u>In order to be considered official, the college/university transcript MUST either be mailed directly to Fletcher, electronically delivered by E-Script, OR hand delivered in the original sealed envelope from the institution.</u>

ADMISSION APPLICATION INSTRUCTIONS/ADMISSION PROCESS

Participants in Fletcher/Nicholls cross-enrollment, dual enrollment with high schools, Practical Nursing Clinicals, Associate of Science in Nursing Clinicals, and LCTCS Online MUST complete and submit the respective application where applicable for each semester enrolled.

Step 1: Admission Application. Print or type this application in black or blue ink. Fill in all blanks. Sign the last page of the application. Turn in all required documentation (as listed on admission checklist) and the completed application to the Office of Admission prior to the applicable deadline. All information must be received by the Admission Office by the deadline in order to be considered complete.

Step 2: Advising and Registration. Applications will be reviewed for placement determination (based on test scores and/or official transcripts from postsecondary institutions by Fletcher's advisors. All accepted applicants will be notified of advising and registration dates and times by the Office of Records and Registration. **Tuition and fees for new students are due on the day of registration.**

****If you anticipate receiving financial aid and/or a tuition deferment during registration, you must have completed the FAFSA AND all required paperwork for Fletcher's Financial Aid Office prior to the deadlines listed on Fletcher's website. A high school diploma/GED is required to receive financial aid.**

Fletcher currently does not participate in student loans.

STATEMENT OF UNDERSTANDING

This application must be completed and returned with all required documentation to the Office of Admission with the application fee before a student is able to register for classes. Your application will not be processed until all documents are received; submitting an incomplete application will delay the admission process.

Financial aid will not be processed until a completed admission application is received. In order to receive a tuition and fee deferment, a completed admission application, processed FAFSA, and financial aid paperwork with Fletcher must be completed by the priority deadlines stated above.

Major Code	Major	Educational Goal Offered	High School Diploma/GED Requirements	PELL Eligible Major?	TOPS Tech Eligible Major?
000000	Non-declared/Non-degree Seeking	None	N/A	No	No
520302	Accounting	Certificate	N/A	No	No
		Degree	H.S.D./GED	Yes	Yes
240199	Associate of Arts/Louisiana Transfer	Degree	H.S.D./GED	Yes	No
240199	Associate of Science/Louisiana Transfer	Degree	H.S.D./GED	Yes	No
470604	Automotive	Certificate	N/A	No	No
		Diploma	N/A*	Yes	Yes
430107	Criminal Justice	Degree	H.S.D./GED	Yes	No
151301	Drafting and Design	Certificate	N/A	No	No
		Diploma	N/A*	Yes	Yes
		Degree	H.S.D./GED	Yes	Yes
460302	Electrician	Certificate	N/A	No	No
		Diploma	N/A*	Yes	Yes
510904	Emergency Medical Technology Basic	Technical Competency	H.S.D./GED	No	Yes
240102	General Studies (land based degree or online)	Certificate	N/A	No	No
		Degree	H.S.D./GED	Yes	No
480501	Machine Tool	Certificate	N/A	No	No
		Diploma	N/A*	Yes	Yes
470605	Marine Diesel	Certificate	N/A	No	No
		Diploma	N/A*	Yes	Yes
490309	Marine	Certificate	N/A	No	No
513902	Nursing Assistant	Technical Competency	N/A	No	Yes
520401	Office Systems	Certificate	N/A	No	No
		Degree	H.S.D./GED	Yes	Yes
150903	Petroleum Technology	Certificate	N/A	No	No
		Degree	H.S.D./GED	Yes	Yes
511009	Phlebotomy	Technical Competency	H.S.D./GED	No	Yes
513901	Practical Nursing	Diploma	H.S.D./GED	Yes	Yes
513801	Registered Nursing	Degree	H.S.D./GED	Yes	No
470201	Residential A/C	Certificate	N/A	No	No
		Diploma	N/A*	Yes	Yes
479999	Technical Studies	Certificate	N/A	No	No
		Degree	H.S.D./GED	Yes	Yes
480508	Welding	Certificate	N/A	No	No
		Diploma	N/A*	Yes	Yes

* A high school diploma/GED is required to receive any type of financial aid; therefore, although a high school diploma/GED may not be required for admission into a program, you must submit proof if you anticipate receiving financial aid.



Office of Admission
 310 Saint Charles Street
 Houma, Louisiana 70360
 Office: 985.857.3659
 Fax: 985.857.3763
 www.ftcc.edu

Admission Application

Please indicate your semester of entry: **Fall** (Aug.-Dec.) 20_____ **Spring** (Jan.-May) 20_____ **Summer** (Jun.-Jul.) 20_____

STUDENT INFORMATION

Social Security Number		Last Name		First	Middle	Maiden	Suffix
Mailing Address				City	State	Zip	Parish/County
Date of Birth (mm/dd/yyyy) / /		Home Phone ()		Alternate Phone ()		E-Mail Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> All Other <input type="checkbox"/> Prefer not to indicate			
Residency: How long have you lived in the state listed above? Year(s): Month(s):			Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other If other, provide registration number:				
Emergency Contact Name		Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Friend			Contact Number ()		

ACADEMIC INFORMATION

Did you graduate from a state-approved high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	H. S. Graduation Date or Anticipated Date / /	Were you home schooled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date GED was awarded: (mm/yyyy)
Name of High School		City	State	Parish/County
Have you ever attended Fletcher Technical Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the last semester of your attendance at Fletcher (semester & year): _____ If yes, have you attended another school since your attendance at Fletcher? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever or are you currently attending any college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you: - a first-time student (no previous college)? <input type="checkbox"/> Yes <input type="checkbox"/> No - a current Fletcher student applying for a health occupation program? <input type="checkbox"/> Yes <input type="checkbox"/> No - a visiting student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List all colleges and universities you have attended or are currently attending: (if more than 4, please list on a separate sheet)				
School	Location (City, State)	From (semester & year)	To (semester & year)	Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation/suspension from a higher education institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check: <input type="checkbox"/> Probation <input type="checkbox"/> Suspension				

ENROLLMENT INFORMATION: Please use the instructions on page 2 for completing this section.

Educational Goal (Please check only one): <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Transfer Credits Only <input type="checkbox"/> Job Training <input type="checkbox"/> Non-degree Seeking	
MAJOR CODE: _____	MAJOR: _____
If nursing is selected major, please check what you are applying for: <input type="checkbox"/> Prerequisite Coursework <input type="checkbox"/> Clinicals	

ADDITIONAL INFORMATION:

Academic Issues: Have you taken the ACT? <input type="checkbox"/> Yes (Your official test scores must be sent to the college for placement purposes) Fletcher ACT School Code: 5033 <input type="checkbox"/> No (You need to sign up for the placement test at Fletcher—COMPASS)					
Parental Education (Please check the highest): MOTHER: <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post-Graduate or Professional School FATHER: <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post-Graduate or Professional School					
Employment Information: Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete information below: Name of Employer: _____ Employer Phone Number: (_____) _____ Address of Employer: _____ Contact Name: _____ Date Employed (mm/dd/yyyy): ____/____/____ Title/Position: _____ Hourly Rate of Pay: _____ Full or Part Time: _____					
Miscellaneous (check all that apply): <input type="checkbox"/> Limited English proficiency/English as a second language <input type="checkbox"/> Non-traditional occupation/training/work schedule <input type="checkbox"/> Single parent (includes single and pregnant) <input type="checkbox"/> Presently a foster child <input type="checkbox"/> Displaced homemaker <input type="checkbox"/> Individuals with disabilities (see description below) The Americans with Disabilities Act defines a "disability" as "(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such impairment; or (C) being regarded as having such an impairment." 42 U.S.C. § 12102(2); 28 C.F.R. § 36.104. "Physical or mental impairment" is defined as "any mental or psychological disorder such as ... emotional or mental illness." How did you hear about Fletcher (Check all that apply): <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine Article <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Website <input type="checkbox"/> Billboard <input type="checkbox"/> Other, Please list: _____					

CERTIFICATIONS:

I certify that all information within this application is complete and accurate, and I agree to abide by all rules and regulations of Fletcher Technical Community College. I realize that false or incomplete information may lead to refusal of admission or dismissal from Fletcher Technical Community College.

I fully understand that it is my responsibility to have all required documents on or before the specified deadline listed. I understand that admission to the college does not constitute admission to every program offered by the college. I understand that different programs carry different admission criteria.

I understand that if I am currently on probation/suspension from any higher education institution, the credits completed at Fletcher while on probation/suspension may not transfer back to that institution.

I do hereby authorize Louisiana public postsecondary education access to my academic records.

If you have taken the ACT within 5 years, it is a state requirement that you submit these scores to Fletcher.

SIGNATURE: _____ DATE: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Applications not accompanied by the \$10 application fee (payable by cash, credit card, or money order) AND all items in the checklist will not be processed unless provisional status is granted.

FOR STUDENT AFFAIRS OFFICE USE ONLY: Application Received: _____ Received By: _____ Keyed into SIS: _____

FOR BUSINESS OFFICE USE ONLY: Amount: _____ Receipt #: _____ Date Entered: _____ Payment Received by: _____
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