

# Application for Admission

6250 El Cajon Blvd. San Diego, CA. 92115 USA | www.platt.edu  
619.265.0107 | FREE 866.752.8826 | FAX 619.308.0570

OFFICE USE ONLY	Source	Date
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**ADMISSION REQUIREMENT:**

The minimum requirement for admission to the college is graduation from a high school or the General Education Development (GED) high school equivalency. If the applicant is a high school graduate, he/she must provide an official high school transcript, i.e., sent from the high school directly to Platt College. If the applicant had received a GED or CHSPE, he/she must provide Platt College with the record of the test results.

**Provisional Status:** All students are admitted to Platt College on a provisional basis until the College has received evidence that the student has graduated from an accredited high school or the equivalent. In the Education History section, please check one of the two options, "High School" or "GED" and complete applicable information.

**APPLICANT'S INFORMATION**

Applicant's Full Legal Name \_\_\_\_\_  Male  Female

Social Security No. (required for U.S. residents)      -      -      Marital Status     Single     Married     Separated

Driver's License # \_\_\_\_\_ Race or Ethnic Origin (optional) \_\_\_\_\_

Birth Date      /      /      Birthplace (City/State/Country) \_\_\_\_\_

U.S. Citizen     Permanent Resident (copy of green card required)     Non-U.S. Citizen: Country of citizenship \_\_\_\_\_ Visa type \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No (If yes, please explain) \_\_\_\_\_

Do you have any illnesses, disabilities, handicaps, disorders or substance abuses which may interfere with your school or job performance?     Yes     No

(If yes, please explain)

Permanent Home Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City/State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**EMPLOYMENT DATA**

Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Job Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

**CAREER SERVICES INFORMATION**

Are you willing to relocate for employment after graduating from Platt College?     Yes     No

**TERM OF ENTRY / PROGRAM(S) INTERESTED IN**

Start Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_    I plan to attend:     Morning (8AM-12PM, M-F)     Afternoon (1PM-5PM, M-F)     Evening (6PM-10PM, M-TH)

**Degree Programs**

- Bachelor of Science Degree: Media Art (emphasis in 3D, Digital Filmmaking, or Web Design)
- Associate of Applied Science Degree: Graphic Design
- Associate of Applied Science Degree: Digital Media

EDUCATION HISTORY

Name of High School	Diploma	<input type="radio"/> Yes	<input type="radio"/> No
City/State	Date of Graduation	/	/
If you did not graduate from High School, did you receive a GED? <input type="radio"/> Yes <input type="radio"/> No (If yes, complete the information below)			

Where test was taken:	Mother's Maiden Name:
Date taken: / / Institution Name	City/State

If you have any previous training above the high school level, whether college or vocational, please list names of the schools attended and courses studied. This information is required whether you believe it applies to courses offered at Platt College. All transcripts submitted must be OFFICIAL, i.e., sent from the institution directly to Platt College.

Are you currently attending, or have you previously attended, a college or university?  Yes  No

Name of School	Dates Attended _____ to _____	<input type="radio"/> Degree	<input type="radio"/> Diploma
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MILITARY EXPERIENCE

Branch:  Active  Veteran  Dependent

Veterans should be aware that the G.I. Bill prohibits duplication of training a veteran has received elsewhere, and prohibits enrollment in a course of training leading to an educational, professional or vocational objective for which they are already qualified.

FATHER/GUARDIAN INFORMATION

MOTHER/GUARDIAN INFORMATION

Name	Name
Address	Address
City/State/Country	City/State/Country
ZIP/Postal Code	ZIP/Postal Code
E-mail	E-mail
Home Phone	Home Phone
Work Phone	Work Phone
Father's Employer	Mother's employer
Position	Position

FINANCIAL INFORMATION

Name of person to whom bills should be sent:

Address

City/State/Country

ZIP/Postal Code

Telephone

Fax

E-mail

REFERENCES (Please list names and phone numbers of three references)

Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

SIGNATURE

X:

Signature of applicant (If admitted, I agree to abide by the rules and regulations of Platt College.) I do hereby certify that all statements made by me in this application are true and correct to the best of my knowledge. I understand that in the event that I have knowingly and willingly made any false statements my application for admission may be denied.

Mail application to: Admissions Department  
Platt College  
6250 El Cajon Blvd.  
San Diego, CA 92115

For more information contact: Admission Department  
619.265.0107 • Toll-free 866.752.8826  
Fax 619.308.0570  
www.platt.edu

Platt College reserves the right to contact any or all of the individuals listed on this form. Platt College does not discriminate on the basis of race, color, national origin, sex, handicap, or age in employment admissions, or any educational programs or activities.