Emerald Coast Technical College
761 N. 20th Street
DeFuniak Springs, FL 32433
(850) 892-1241 fax (850) 892-1249

Adult General Education Application Form

Name: _____
Last First Middle

Other Names by Which You May Be Known (Maiden, etc.): _____

Address: _____
P.O. Box or House Number and Street City State Zip code

Home Phone #: _____ **Cell Phone #:** _____

E-Mail Address: _____

Education and Training:

All high schools, colleges and technical centers attended must be listed for the application to be complete. List the most recent school first. *Official Transcripts MUST* BE SUBMITTED (mailed from the school or delivered in a sealed school envelope) to the Admissions Office.

Circle highest grade completed: 8 9 10 11 12 GED College: 1yr 2yrs 3yrs 4yrs 5+yrs

School Name	City/State of School	Dates of Attendance From	To	What was your Major/Minor?	Did you Receive Degree/Diploma or Certificate?	Type of Degree/ Diploma/ Certificate

Please check the semester that you wish to begin classes at ECTC:

☐ Fall (August – December) ☐ Spring (January – May) ☐ Summer (June – July)

Emerald Coast Technical College

Adult General Education Application Form (pg 2)

Program Offerings (Check One)

Adult General Education

_____ GED Preparation
_____ ABE
_____ AAAE

Student Goal(s)

_____ Improve Basic Skills _____ Obtain High School GED _____ Employment
_____ Retain Employment _____ Unsure, need counseling session
_____ Other - _____

Applicant Signature: _____ **Date:** _____