



**Emerald Coast Technical College**  
 761 N. 20<sup>th</sup> 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 2 yrs 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 term that you wish to begin classes at ECTC:**

Term 1                     
  Term 2                     
  Term 3

**Student Goal(s):**

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by this School District, except as provided by law.