



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 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.