

Apprenticeship Program Registration

APPLICANT INFORMATION

CSI STUDENT ID# _____

Legal Name: _____
 Last First Middle Preferred

E-mail Address: _____ Other Names Appearing on Records: _____

Social Security Number: _____ Gender Female Male Date of Birth (mo/day/year): _____

Permanent Home Address: _____
 Number & Street City State Zip Area Code & Phone

Mailing Address: _____
 (If Different) Number & Street/PO Box City County State Zip Area Code & Phone

GENERAL INFORMATION

Citizenship: USA Other _____ Native Language: English Other _____

If Citizenship is "other," answer the following questions: Country of citizenship: _____

Resident alien of U.S.: Yes, Resident alien number: A _____ No, Current visa type: _____

Emergency Contact: _____
 Name Relationship Phone

REGISTRATION INFORMATION

Marital Status:
 D Divorced S Single
 M Married W Widow/Widower

Current Education Level:
 0 Have not completed high school or currently enrolled in HS
 1 Completing high school
 2 Completing GED
 3 Have completed my GED
 4 Have high school diploma
 5 Some college, no degree
 6 Associate degree or certificate
 7 Bachelor's degree or higher

Employment Status During this Semester:
 1 Employed part-time (less than 35 hrs/wk)
 2 Employed full-time (more than 35 hrs/wk)
 3 Employed as a homemaker
 4 Not employed but seeking work
 5 Not employed and not seeking work

Ethnic Group:
 I American Indian/Alaskan Native P Native Hawaiian or Pacific Islander
 A Asian W White/Caucasian
 B Black or African American

Hispanic of any race Yes No

Educational Objective:
 1 Personal Enrichment 6 Earn a 2-yr degree (no transfer)
 2 Get a job 7 Transfer to 4-yr school without CSI degree
 3 Improve skills for current job 8 Transfer to 4-yr school with CSI degree
 4 Get a different job 9 Other
 5 Earn a 1-yr certificate

Family Status of Student:
 1 I am a single parent with my children or dependents 3 I live with my parents
 2 I live with my spouse/partner with children or dependent 4 Other

EMPLOYER (IF APPLICABLE)

Company name _____ Address: _____

Manager/HR/Journeyman _____ Phone Number () - Email: _____

Apprentice License number: _____ Exp. Date: _____ CPR card - Yes/No/Would like to obtain

*Tuition paid by: Student: Yes/No Company Yes/No Other (Explain) _____

APPRENTICESHIP PROGRAM INFO:

Start Date: Fall semester 20_____ Spring semester 20_____

Department, Course & Section # Ex: (Math 143 C01)	Course Title	Bldg, Room, Time	Instructor

Student's Signature: _____

Date: _____

***The payment is due at the time of the registration**