



BACHELOR'S DEGREES APPLICATION FOR ADMISSION

Instructions: Complete and submit this application to the department for which you are applying for the bachelor's degree of your choice. If approved, the department will forward the application to Admissions and Records for input into the Student Information System. Students will receive an admit letter with their user name and password once the process has been completed.

Note: Please see an academic advisor regarding financial aid eligibility.

Name		
Last Name	First Name	Middle Name
Personal Data		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (month, day, year)	NSHE Student ID (if applicable)
Contact Information		
How would you prefer to receive your admission letter and other important TMCC information? <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	Email Address	
Mailing Address		
City	State	Zip Code
Current Physical Address (if different from mailing address)		
City	State	Zip Code
Home Phone	Work Phone	Cell Phone
Background Information		
Racial Category or Categories with which You Most Closely Identify (check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race or other valid data)		
Are You a U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Either of Your Parents Earned a College/University Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Program		
Degree You Are Seeking:		
<input type="checkbox"/> Bachelor of Applied Science (BAS) Degree in Emergency Management/Homeland Security <input type="checkbox"/> I have completed TMCC's FT 200 or any higher level ICS/NIMS/EOC certifications. <input type="checkbox"/> Bachelor of Applied Science (BAS) Degree in Logistics Operations Management <input type="checkbox"/> I have completed the AAS, Logistics Management <input type="checkbox"/> I have completed the AAS, Manufacturing Technologies, Production Systems Emphasis		
Desired Entrance to Program: Year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring		

Bachelor's Degrees Application for Admission

Previous Education			
Name of High School or Secondary School Attended		City and State (or Country) of High School	
Washoe County High School Identification Number <i>(if applicable)</i>		Date of Graduation <i>(mm/dd/yyyy)</i>	
List all universities, colleges and technical schools you have attended in any country:			
Name of Institution		City, State/Province and Country	
Start Date <i>(month/day/year)</i> :		End Date <i>(month/day/year)</i> :	
Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify degree and major:			
Name of Institution		City, State/Province and Country	
Start Date <i>(month/day/year)</i> :		End Date <i>(month/day/year)</i> :	
Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify degree and major:			
Name of Institution		City, State/Province and Country	
Start Date <i>(month/day/year)</i> :		End Date <i>(month/day/year)</i> :	
Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify degree and major:			
Residency Information			
I am a United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Country of Citizenship:			Visa Type:
<i>Note: If you have a Permanent Resident card (aka "green card"), you must provide a copy to the Admissions and Records Office. You may also attach a copy to this application.</i>			
State You Consider Your Permanent Place of Residence		Date You Began Continuous Physical Residence in the State <i>(mm/dd/yyyy)</i>	
List Previous Addresses <i>(if you have lived at your current address less than two years):</i>			
Street Address	City	State	Dates <i>(From-To)</i>
Street Address	City	State	Dates <i>(From-To)</i>
Street Address	City	State	Dates <i>(From-To)</i>
Did anyone claim you on their federal income taxes last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", State They Reside in:			
Check All That Apply:			
<input type="checkbox"/> I have a valid Nevada driver's license or ID.		<input type="checkbox"/> I reside in Nevada in a home that I own.	
<input type="checkbox"/> I own a vehicle registered in Nevada.		<input type="checkbox"/> I am employed at least 1/2 time by Nevada System of Higher Education.	
<input type="checkbox"/> I am a licensed business owner in Nevada.		<input type="checkbox"/> I am employed as a teacher by Washoe County School District.	

For Office Use Only

Signatures/Approvals	
Program Director's Signature	Date
Dean's Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials _____ Residency Status _____ Date _____	