Application for Admission
Psychiatric Technology Program
San Bernardino Valley College

Semester you are applying for: ☐ Fall 20____ ☐ Spring 20_____

Due Dates: **February 1 for Fall Semester** **September 1 for Spring Semester**

Print name in full _____
Last First Middle

List all other names by which you have been known (for identification of Transcripts and Records)
_____

Mailing address: _____
Number & Street Address
_____
City State Zip

Home telephone number: _____ Message/cell number:_____

e-mail address: _____ SS#_____DOB:_____

Person to be notified in case of an emergency: _____
Name Telephone Number
_____
Number & Street Address City State Zip

Have you previously applied to this Psychiatric Technology Program? If yes, when?_____

Have you ever been convicted of a felony? _____

List all high school, colleges, or universities attended.

Institution & Location	Date Entered	Date Left	Diploma/Degree

Submit with this application:

- Official Transcripts from all educational institutions attended except SBVC & Crafton Hills College
- Proof of high school completion (transcript or diploma or G.E.D. or Calif. H.S. Proficiency Exam score)
- Printout showing enrollment in prerequisite courses that are in-progress
- Proof of reading proficiency (college Assessment test score or previous B.S. degree)

_____
Signature **Date**