# **Day School Program Application**

Please complete the following information. This document will place you on our mailing list to receive the quarterly Ranken newsletter, invitations to campus events and other enrollment information. It will also serve as your application when you decide to become an official applicant to Ranken. After you are accepted, a \$95 nonrefundable registration fee will be required in order to complete your application.

### **Personal Information**

First Name:	Middle:	Last:	
Preferred Name:	Social Security Number:		
Address:			
City:	State:	Zip:	
Date of Birth: Age:	Phone: (home)	_ (cell)	
Cell Phone Carrier:	Email Address:		
Emergency Contact:	Relationship:	Phone:	
By providing my contact information on this form and submitti Technical College via automated technology at the mobile tele I understand that I am not required to enter into this agreemen To opt out of the texting service, contact the Admissions Offic messaging." For all messages sent using this service, standard	phone number I have provided. We will never share you nt as a condition of any purchase. I also understand th e at (314) 286-4809 or email admissions@ranken.edu	ur phone number with external sources. at I may revoke my consent at any time.	
Preferred Start Date: $\ \square$ Fall $\ \square$ Spring $\ \square$ Summer			
Have you previously applied to Ranken? $\ \square$ Yes $\ \square$ No	o If yes, approximately what year?		
Did you graduate from Ranken? $\ \square$ Yes $\ \square$ No $\ $ If yes,	approximately what year?	-	
Did you graduate from high school? $\ \square$ Yes $\ \square$ No $\ G$	raduation Year/Anticipated Graduation Year:		
High school:	_ City:	_ State:	
If no, did you receive your HiSET or GED? $\ \square$ Yes $\ \square$ N	o Year:		
Please list any college or other post-secondary school(s) you have previously attended:			
School:	Degree/Certificate Completed:		
School:	Degree/Certificate Completed:		
Gender: □ Male □ Female  Are you a citizen of the U.S.? □ Yes □ No If no, plo	ease list vour country		
	adde list your country.		
Are you Hispanic or Latino/a? □ Yes □ No			
With which of the categories below do you most identify	? Please select one or more:		
$\square$ American Indian or Alaskan Native $\square$ Asian $\square$ Bla	ck or African American 🗆 Native Hawaiian or (	Other Pacific Islander 🗆 White	
Do you have a learning, medical or physical disability or	condition? □ Yes □ No		

# **For Office Use Only** ACT/SAT Date:\_\_\_\_ Reading: Math: ACT COMPASS Date:\_\_\_\_\_ Reading:\_\_\_\_\_ Writing:\_\_\_\_ Pre-Alg:\_\_\_\_\_

## **Day School Program Application**

### **Enrollment Information – Choose Your Location and Program of Interest**

□ St. Louis		
Automotive Division	Information Technology Division	
□ Automotive Collision Repair Technology	☐ Information Technology ☐ Internet and Web-based Technology ☐ Network Architecture and Design Technology ☐ Network and Database Administration Technology	
□ Automotive Maintenance Technology		
☐ Certified Dealer Technician Program ☐ High Performance Racing Technology		
Construction Division		
□ Architectural Technology	Manufacturing Division	
□ Carpentry and Building Construction	☐ Industrial Technology	
Technology	☐ Fabrication and Welding Technology	
☐ Heating, Ventilation, Air Conditioning and	□ Precision Machining Technology	
Refrigeration Technology		
☐ Major Appliance Technology	Bachelor of Science in Applied Management	
□ Plumbing Technology	Preferred Track (Choose One):	
- Flumbling reclinology	☐ Management	
Electrical Division	☐ Marketing	
□ Control Systems Technology	☐ Management Information Systems Program Format (Choose One):	
☐ Electrical Automation Technology		
☐ Electrical Systems Design Technology	□ Seated	
Liectrical Systems Design Technology	□ Web-blended	
□ Wentzville		
Automotive Division		
□ Automotive Maintenance Technology	Manufacturing Division	
□ Diesel Technology	<ul> <li>Advanced Manufacturing Technology</li> </ul>	
Construction Division	Bachelor of Science in Applied Management	
☐ Building Systems Engineering Technology	(Web-blended format)	
	Preferred Track (Choose One):	
Information Technology Division	☐ Management	
□ Network Systems Management Technology	☐ Marketing	
□ Application & Web Development Technology	☐ Management Information Systems	
	lication is complete and accurate to the best of my knowledge	
tudent Signature:		
Date:		
nstructions		

Please make checks or money orders payable to Ranken Technical College. If returning this form by mail, please send to: Admissions Office, Ranken Technical College, 4431 Finney Ave., St. Louis, MO 63113.

In accordance with the Jeanne Clery Campus Security Act, incidents of crime and other related information are posted on our website. You may obtain a hard copy of this report by contacting the Office of Public Safety at (314) 286-3300 or view it online at: www.ranken.edu/visitor-information/public-safety/campus-crime-statistics/

Alg:		
College Algebra:		
Retest Scores Date:		
Reading: Writing:		
Pre-Alg: Alg:		
College Algebra:		
Program/Course Major: Section:		
□ Fall □ Spring □ Summer Year:		
Remarks:		

Initials:

This section is to be completed with an admissions counselor after you have been accepted to the College.

I acknowledge that I have received and/or understand the checklist of information below.

Ш	Program
	Tuition/Book & Tool Cos
	Admission Requirements
	Testing & Study Guide
	Dress Code & Appearance

Financial Aid

Housing

Student Support