



# Jamestown Business College

## APPLICATION FOR ADMISSION

I hereby request to be enrolled in Jamestown Business College for the program specified, in accordance with the terms and conditions set forth below.

**Please type or print**

NAME IN FULL \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
FIRST MIDDLE LAST (include maiden name if applicable)

NO. & STREET \_\_\_\_\_

CITY STATE ZIP CODE COUNTY \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

HOME PHONE ( \_\_\_\_ ) \_\_\_\_\_ CELL PHONE ( \_\_\_\_ ) \_\_\_\_\_ WORK PHONE ( \_\_\_\_ ) \_\_\_\_\_

PREFERRED METHOD OF CONTACT: CELL / TEXT / EMAIL (CIRCLE ONE)

E-MAIL ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE  FEMALE

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

With whom do you reside? NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

<b>TERM I WISH TO ENTER:</b> <input type="checkbox"/> FALL (Sept.) 20____ <input type="checkbox"/> WINTER (Dec.) 20____ <input type="checkbox"/> SPRING (Mar.) 20____ <input type="checkbox"/> SUMMER (Jun.) 20____	<b>SCHEDULE CHOICE:</b> <input type="checkbox"/> DAY <input type="checkbox"/> EVENING/WEEKEND	<b>LOCATION:</b> <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> SALAMANCA <input type="checkbox"/> DUNKIRK	<b>COHORT:</b> <input type="checkbox"/> CAA/Jamestown <input type="checkbox"/> CAA/Salamanca <input type="checkbox"/> CAA/Dunkirk <input type="checkbox"/> Bilingual/Jmst <input type="checkbox"/> Bilingual/Dunkirk
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Please check the program of study you would like to pursue. (CHECK ONE)

<b>Two-Year Associate Degree Business Administration</b> <input type="checkbox"/> Accounting <input type="checkbox"/> Administrative Professional <input type="checkbox"/> Hospitality Management	<input type="checkbox"/> Information Technology <input type="checkbox"/> Marketing & Management <input type="checkbox"/> Medical Administrative	<b>One-Year Certificate</b> <input type="checkbox"/> Medical Office Assistant <input type="checkbox"/> Management
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List high school **last** attended and any educational institutions you have attended since high school

LAST HIGH SCHOOL ATTENDED \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

504/IEP PLAN:  Yes  No  (GED) General Equivalency Diploma \_\_\_\_\_  
YEAR RECEIVED

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Students must request official transcripts from all institutions previously attended.

COLLEGES ATTENDED \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ TO \_\_\_\_\_

previous college, continued : \_\_\_\_\_

TRANSFER CREDIT REQUESTED  Yes  No

Have you previously applied to JBC?  Yes  No When (if applicable)? \_\_\_\_\_

How did you learn of JBC? \_\_\_\_\_

**Please provide names of two references who may be contacted by JBC:**

1. \_\_\_\_\_

NAME	STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP TO YOU	PHONE	OCCUPATION		
Would he/she benefit from a JBC career planning session? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2. \_\_\_\_\_

NAME	STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP TO YOU	PHONE	OCCUPATION		
Would he/she benefit from a JBC career planning session? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Please complete the following ethnicity/race questions for government purposes:**

(JBC will keep your response confidential and will not use the information provided in a discriminatory manner. Choosing not to respond to these questions will not have any adverse effect on your application.)

1. Are you Hispanic or Latino?  Yes  No

2. Please select one or more of the following categories of race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Disabled students must contact the Dean's office and request appropriate accommodation, submit documentation of the disability, and the need for the accommodation.

**CONDITIONS OF ENROLLMENT:**

All policies of administration listed in the Jamestown Business College catalog, handbook, and compliance information, together with the following conditions, are understood to be accepted at the time of enrollment by the applicant and the applicant's parents or guardian.

I agree that any pictures taken by or for the school may be reproduced for publicity purposes. Tuition paid in advance will be refunded, and unpaid tuition will accrue, according to the refund policy in effect at the time of withdrawal from the college.

Tuition is payable three weeks prior to the first day of each term. Textbooks, fees, and supplies are not included in the tuition charges. An application fee of \$25 (non-refundable) must accompany this request for admission. I accept the above terms and agree to obey all rules and regulations of the school.

I certify that all information in this application is true and correct and without material omissions. I understand that any incorrect, incomplete, or false information given by me is sufficient cause to void this application and/or terminate my enrollment.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

7/2017

**TRANSCRIPT RELEASE**

My signature below gives \_\_\_\_\_ permission to release a **transcript** of my grades and any documents of academic accommodations/modifications (IEP/504 Plan) to Jamestown Business College, P.O. Box 429, Jamestown, NY 14702.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLEASE PRINT INCLUDING MAIDEN NAME

SOCIAL SECURITY # \_\_\_\_\_ YEAR LAST ATTENDED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_