



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 DO NOT WRITE IN THIS SPACE

\$25 Fee _____

ACCEPTED _____
 TEST _____
 DENIED _____

Jamestown Business College does not discriminate on the basis of age, color, religion, creed, disability, marital status, military status, ethnicity, national origin, race, gender, gender identity, or sexual orientation in its educational programs, activities, and employment.

Please Type or Print

NAME IN FULL _____

FIRST

MIDDLE

LAST (include maiden name if applicable)

PERMANENT ADDRESS _____

NO. & STREET

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

MAILING ADDRESS (if different from above) _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH _____ MALE FEMALE NONBINARY

PARENT 1 NAME _____ PARENT 2 NAME _____

SPOUSE'S NAME _____

With whom do you live with? NAME _____ RELATIONSHIP _____

<p>TERM I WISH TO ENTER:</p> <p><input type="checkbox"/> FALL (Sept.) 20__</p> <p><input type="checkbox"/> WINTER (Nov.) 20__</p> <p><input type="checkbox"/> SPRING (Mar.) 20__</p> <p><input type="checkbox"/> SUMMER (June) 20__</p>	<p>SCHEDULE CHOICE:</p> <p><input type="checkbox"/> DAY</p> <p><input type="checkbox"/> EVENING</p> <p><input type="checkbox"/> ONLINE</p>	<p>LOCATION:</p> <p><input type="checkbox"/> JAMESTOWN</p>	<p>COHORT:</p> <p><input type="checkbox"/> CAA/Jamestown</p> <p><input type="checkbox"/> Bilingual/Jmst</p>
--	---	---	--

Please check the program of study you would like to pursue. (CHECK ONE)

Two-Year Associate Degree – Business Administration

Accounting

Medical Administrative

Marketing and Management

List high school **last** attended and any educational institutions you have attended since high school

LAST HIGH SCHOOL ATTENDED _____ CITY _____ STATE _____ GRADUATION YEAR _____

504 PLAN/IEP: Yes No General Equivalency Diploma (GED) _____

YEAR RECEIVED

 Students must request official transcripts from all institutions previously attended.

COLLEGES ATTENDED _____ CITY _____ STATE _____ DATES ATTENDED _____ 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 emergency contacts who may be contacted by JBC:

1. _____

NAME	STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP TO YOU	PHONE	OCCUPATION		

2. _____

NAME	STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP TO YOU	PHONE	OCCUPATION		

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 college 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 authorize Jamestown Business College to share my personal and financial information between administrative departments for enrollment purposes. These conditions are understood and accepted at the time of application. I accept the above terms and agree to obey all rules and regulations of the college.

I certify that all information in the 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

3/2021

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 _____