



168 JACK MILLER BLVD. CLARKSVILLE, TN 37042
 (931) 431-9700; (931) 431-9771 Fax
admissions@nci.edu

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Last Name	First Name	Middle Name	Suffix	Maiden Name
SSN: (required)		Date of Birth (mm/dd/yyyy)	Phone ()	
Are you a US Citizen?	<input type="radio"/> Yes <input type="radio"/> No	If no, of what country are you a citizen?		Type of Visa:
How did you learn of NCI?	<input type="radio"/> Friend / Counselor	<input type="radio"/> NCI Website	<input type="radio"/> Social Media	<input type="radio"/> Flyer

<input type="radio"/> Disabled Veteran		<input type="radio"/> Dependent of Disabled / Deceased Veteran	
Did you receive an honorable discharge?	<input type="radio"/> Yes <input type="radio"/> No	Do you have a service-related disability?	<input type="radio"/> Yes <input type="radio"/> No

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Completed High School:	If yes, school name:	City	State	Graduation Year
<input type="radio"/> Yes <input type="radio"/> No				

<input type="radio"/> This is my first NCI course enrollment	<input type="radio"/> I have previously enrolled in NCI courses	Yes	No	If yes, (Year)
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I am applying for admission into

Aviation Maintenance Technician (AMT 147) Aviation Maintenance Technology AMT 65) Associate of Applied Science in Aviation Technology



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<input type="checkbox"/> This is my first year and first college	<input type="checkbox"/> I am seeking a certificate and/or degree.		<input type="checkbox"/> I am <i>not</i> seeking a certificate or degree.
I anticipate starting NCI courses in:	<input type="checkbox"/> Fall 20____	<input type="checkbox"/> Winter 20____	<input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
I will attend either:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> I am taking this program for personal enrichment
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Name of College / University	City / State / Country	Dates Attended	Credits / Degree Earned
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