

3904 Lonas Drive  
Knoxville, TN 37909  
(865) 251-1800

# South College

## APPLICATION FOR ADMISSION

Please print or type and answer each question carefully.

Full Legal Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Last First Middle

\*Age \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*Place of Birth \_\_\_\_\_

\*Social Security Number \_\_\_\_\_ \*Race \_\_\_\_\_ \*Sex:  Male  Female

Employed by \_\_\_\_\_ Business Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ SS# \_\_\_\_\_ Employer \_\_\_\_\_

Father, Stepfather or Guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Employer \_\_\_\_\_

Mother, Stepmother or Guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Employer \_\_\_\_\_

### TWO REFERENCES FROM HOME LOCALITY OTHER THAN RELATIVES OR STUDENTS

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Employer \_\_\_\_\_

### ONE RELATIVE OTHER THAN PARENTS WHO WILL ALWAYS KNOW YOUR ADDRESS

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Employer \_\_\_\_\_

PROGRAM OF STUDY YOU PLAN TO PURSUE \_\_\_\_\_  
QUARTER ENTERING:  Fall  Winter  Spring  Summer YEAR ENTERING: \_\_\_\_\_  
 OTHER: \_\_\_\_\_ TYPE OF CLASSES:  Day  Evening

High School Attended \_\_\_\_\_ City and State \_\_\_\_\_  
Date You Graduated or Expect to Graduate \_\_\_\_\_

If you are not a high school graduate, do you hold a GED Certificate?  Yes  No  
If so, GED Certificate issued by \_\_\_\_\_ Date of GED Certificate \_\_\_\_\_

Have you had education beyond high school?  Yes  No  
If so, list all colleges and vocational schools previously attended

COLLEGE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATES OF DEGREES (IF ANY) \_\_\_\_\_ ATTENDANCE \_\_\_\_\_

WILL YOU BE ATTENDING UNDER THE GI BILL?  Yes  No DO YOU WISH TO APPLY FOR FINANCIAL AID?  Yes  No

**APPLICATION FEE \$40.00** I certify that all statements made in this application are complete and true. I understand that every student enrolling at South College agrees to abide by all policies and regulations of the College that may be found in the Student Handbook or in the College Catalog.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if applicant is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Admissions Officer \_\_\_\_\_ Date \_\_\_\_\_

\*INFORMATION NEEDED FOR STATISTICAL REPORTING TO THE DEPT. OF EDUCATION

# Release

At the request of South College, I hereby release the aforementioned firm from any debts, claims, actions, causes of action, demands, suits, and all liabilities whatsoever both in law and in equity, which may result from participation in any telecast or still photography made by or produced by South College.

In doing so, I hereby grant South College the right to use my name, photograph, likeness, or voice in any production connected with the College.

I hereby represent and warrant that I am of full age and have every right to contract in my own name in the above regard. I further state that I have read the above authorization and release prior to its execution and that I am fully familiar with the contents thereof.

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent's Signature (if student is a minor) \_\_\_\_\_ Date \_\_\_\_\_

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Witness \_\_\_\_\_ Date \_\_\_\_\_

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# Medical Assisting Students (only)

In consideration for the acceptance of (name) \_\_\_\_\_ in the medical assisting program, I agree to the performing of minor laboratory procedures on the student named above for the purpose of furthering the training of students in laboratory procedures.

I understand the procedures will include injections, the drawing of blood from the vein, the pricking of the end of the finger and/or ear lobe. I further understand that these procedures will be carried out in the laboratory setting and through the use of professionally recognized techniques. I further understand that these procedures will be performed by students as well as members of the college faculty, but that a member of the faculty, well qualified in these procedures, will always be present during the performance of these techniques.

I further agree to release the college, its officers, faculty, staff and participating students from any damages or injuries sustained by the above named student as a result of having the above described laboratory procedures administered to his/her person.

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent's Signature (if student is a minor) \_\_\_\_\_ Date \_\_\_\_\_

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Witness \_\_\_\_\_ Date \_\_\_\_\_

South College is an equal opportunity college open to any qualified individual without regard to race, religion, sex, age, color, national or ethnic origin, or disability. Pursuant to all applicable federal anti-discrimination laws and regulations. South College does not discriminate against any of the protected categories of individuals in the administration of policies, programs, or activities. This non-discriminatory policy includes admission policies, loan programs, employment practices, and all other college-administered programs.