



Highland Community College
 Business and Technology Division
 2998 W. Pearl City Road
 Freeport, IL 61032

REQUEST FOR ADMITTANCE WIND TURBINE TECHNICIAN PROGRAM

Application acceptance will begin **August 16, 2010.**

**ALL APPLICATIONS MUST BE COMPLETED AND
 RETURNED BY March 1, 2011 TO BE CONSIDERED
 FOR ADMISSION.**

INCOMPLETE FORMS WILL NOT BE REVIEWED.

Please Print.

_____	_____	_____	_____
Last Name	First Name	Middle	Former Last Name(s)
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	
Home Phone	Work Phone	Student ID (If known)	

Home e-mail address: _____

**Applying for:
 (Choose One)**

_____ **AAS Degree**
 (Assoc. of Applied Science)
 2 years

_____ **Wind Turbine
 Technician Certificate**
 3 semesters

Applying for fall of _____

Year

HIGH SCHOOL STATUS

___ High School or G.E.D. not completed _____

___ Completed G.E.D. Year G.E.D. completed: _____ Where completed: _____

___ High School Graduate Year graduated: _____ High School: _____

GPA: _____

EDUCATION HISTORY

___ CERTIFICATE (TYPE/YEAR) _____

___ ASSOCIATE DEGREE (TYPE/YEAR) _____

___ BACHELOR DEGREE (TYPE/YEAR) _____

___ MASTER DEGREE (TYPE/YEAR) _____

___ OTHER (TYPE/YEAR) _____

Please describe any limitations or conditions that might interfere with your ability to meet the demands of Wind Turbine Technology classes, such as lifting and climbing. ex.: climbing a 240 ft. tower while carrying 60 lbs.

LIST ALL COLLEGES ATTENDED, INCLUDING HIGHLAND COMMUNITY COLLEGE

Please include

one official transcript from each college/school attended and one copy of each transcript.

(Official transcript is for Highland Admissions office with a copy to the Business Technology Division)

Dates of Attendance

WORK EXPERIENCE FOR THE PAST 10 YEARS (LIST MOST RECENT FIRST, ATTACHING ANOTHER SHEET IF NECESSARY)

Dates of Employment	Position	Employer	Address

ARE YOU A VETERAN? YES _____ NO _____ Entrance date _____ Exit date _____

Duties included: _____

REFERENCES

Applicants must include two letters of recommendation to be considered for the Wind Turbine Technology program.

***Note: References from relatives and close friends are not recommended. We suggest instructors, work supervisors, community leaders, etc.**

PLEASE PRINT contact information for each of the two references writing letters of recommendation.

1.

_____ Name and Title	_____ Business or Organization	_____ Address
_____ City	_____ State	_____ Zip Code
		_____ Phone

2.

_____ Name and Title	_____ Business or Organization	_____ Address
_____ City	_____ State	_____ Zip Code
		_____ Phone

I understand that I am responsible for contacting my two references and providing them with addressed envelopes for sending the letters of recommendation to the Highland Community College Business and Technology Division office by the deadline of March 1st, 2011.

I understand that if I withhold or give false information on this form it may make me ineligible for admission to the Wind Turbine Technology Program or subject me to dismissal. I further certify that all statements are complete and correct to the best of my knowledge.

I hereby authorize The Highland Community College Wind Turbine Technology Program to personally contact all references I have listed for the purpose of gaining information which may affect my admission into the Wind Turbine Technology Program.

I understand that the completed forms are for use by the Wind Turbine Technology Admission Committee and Highland Community College only. I voluntarily waive my right of access to this recommendation under Public Law 93-380 and the regulations promulgated there under so that it may be kept confidential.

Signature

Date

***Note: It is the student's responsibility to notify the Business and Technology Division Office of changes in any of this information.**

What to Attach:

- Typed personal statement
- One original and one copy of transcript(s) from all colleges/schools attended
- Service to others form (if applicable)
- Two letters of reference
- Documentation of service in the U.S. Armed Forces (if applicable)

Return all information to:

**Business & Technology Division
Attn: Lori Miller
Highland Community College
2998 West Pearl City Road,
Freeport, IL 61032**

Service to Others

(Please fill out based on your experience in serving others)

1.) Organization name	Start Date	End Date	Hours per week/month
			(please circle week or month)

Briefly describe what you did during your service to others and what impact this had on the organization or individuals you served.

2.) Organization name	Start Date	End Date	Hours per week/month
			(please circle week or month)

Briefly describe what you did during your service to others and what impact this had on the organization or individuals you served.
