Emergency Medical Services Programs
Non-Degree Application

(Please **Print** in **all** fields)

PRINT
Name: _____
       First   *Middle Initial*   *Last*

Mailing _____
Address

City: _____

State and ZIP _____
County of
Residence: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____
         *(required)

· Have you previously attended SCCC? ___ Yes ___No
    If yes,
      - **Student ID #** _____
      - **If attended with a different name, provide**
       name:_____

· Citizenship: United States of America _____Yes
____ No
If **not** Alien Reg#
_____Country_____

· Gender: ____ Male ____ Female ____Non-Binary

· Date of Birth: _____ / _____/ _____

· Social Security Number: _____ - _____ - _____
(optional)

· Ethnicity: __Non-Hispanic __Hispanic
Indicate your race (*check all that apply*)
        ☐ American Indian or Alaska Native
        ☐ Asian
        ☐ Black or African American
        ☐ Native Hawaiian or other Pacific Islander
        ☐ White

Course Selection:

Course # & <u>Section</u>	Course Title (e.g. English Composition)
WFD-5008-01-NC	EMT Basic On Campus
WFD-5009-01-NC	EMT Refresher On Campus

Signature:_____**Date:**_____