



Gadsden State Community College
Court Reporting Department
ADMISSIONS APPLICATION

Print, type, circle and/or check all information

Mr.

Mrs.

Miss.

Ms. _____ S.S.# _____
 LAST FIRST MIDDLE

Home address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Telephone Numbers: Home () _____ Cell () _____

Work () _____

E-mail address _____

1. Did you graduate from high school? Yes ____ No ____ What year? ____
Name of school _____

2. What was your average overall GPA or letter grade in high school? ____
In English ____ Government ____ History ____ Math ____ Science ____

3. If you did not complete or graduate from high school, why? _____

Did you get a G.E.D.? Yes ____ No ____ When? ____ Where? ____

4. Have you attended college before? Yes ____ No ____ Number of years? ____
Name of college(s) attended _____

What was your major? _____

8. Do you enjoy reading? Yes ____ No ____ What are your favorite types of books? _____

9. How do you like to spend your leisure time (reading, jogging, sports, etc.)? _____

10. How computer literate do you consider yourself? _____

a. Do you know how to create a PDF? _____

b. Do you know how to insert an attachment to an email? _____

c. Do you use the home keys on the qwerty keyboard? _____

What programs have you worked with? _____

11. Which of the following pairs of terms best describe you?

a. Active _____ or Passive _____ d. Shy _____ or Outgoing _____

b. Indoors _____ or Outdoors _____ e. Relaxed _____ or Aggressive _____

c. Organized _____ or Impromptu _____

12. **Health History:**

(a.) Please state if you have had any of the following conditions:
arthritis _____ rheumatism _____ rheumatoid arthritis _____

(b.) If you have any sort of muscular or joint disease, please name. _____

(c.) Have you had any back problems or had back surgery (please be specific)? _____

(d.) Do you have any problems with your: Hearing _____ Speech _____

(e.) Do you wear: Glasses _____ Contacts _____

(f.) Using good, fair, or poor, rate your:
General health _____ Hearing _____ Eyesight _____

(g.) Do you take any special medication(s)? Yes _____ No _____ If so, what? _____

(h.) Is there anything else concerning your health that you think we should know? _____

13. Are you a veteran of military service? Yes _____ No _____ What branch? _____

Years of Service: From _____ to _____

Did you receive an Honorable Discharge? Yes _____ No _____ If not, why? _____

14. Are you presently working: Yes _____ No _____ Name of Company _____

How long? _____ Position or duties _____

Approximately how many hours a week do you work? _____

Employer address _____

Supervisor _____ Telephone No. () _____

Do you plan to maintain this employment while attending school?

Yes _____ No _____

If not, do you plan to seek alternative employment? Yes _____ No _____

15. Your spouse's full name: _____
Employer _____ Job title _____
Spouse's level of education:
GED _____ HS Grad _____ College Student _____ College Grad _____
16. Do you have any children? If so, give name(s), age(s), level of education.

17. Your father's full name: _____
Employer _____
Level of education: GED ___ HS Grad ___ College Student__ College Grad ___
18. Your mother's full name: _____
Employer _____
Level of education: GED ___ HS Grad ___ College Student__ College Grad ___
19. Do you have any brothers and/or sisters? Yes ___ No ___ If so, give names and ages: _____

20. Name of your hometown or area newspaper: _____
Do you authorize the school to release information about your educational and career achievements to this or other news publications? Yes ___ No ___
21. In the event of a school release of information to a newspaper or an awards

I, the undersigned do hereby apply for admission and pledge to observe all