

## PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION TO SOPHOMORE YEAR (type or print)

NAME				
LAST	FIRST	MIDDLE		MAIDEN
ADDRESS (JUNE ADI	DRESS)			
· ·	STREET OR I	BOX NUMBER	CITY	STATE/ZIP
TELEPHONE	NUMBER EN	MAIL ADDRESS		
DATE OF BIRTH	M (	OR F AGE_	SS#	<del>-</del>
LIST ALL OTHER CO	LLEGES ATTENDEI	)		
CLASSES IN PROGRE BE COMPLETED BY I			NOTE SUMMER	CLASSES MUST
COLLEGE DEGREES				
VOLUNTEER OR WO ONLY)				
Have you ever been four Yes No	nd guilty or pleaded no	o contest to any felony o	or Class A misdemea	nor?
Have you ever been trea Yes No	ted for substance abus	se (alcohol, illegal drugs	, prescribed medicat	ion)?
I hereby certify, under p	enalty of perjury, that	the foregoing is true an	d correct to the best	of my knowledge.
SIGNED	DATE			
Please include \$25 (che				

Colby Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities, and employment. The following persons have been designated to handle inquires regarding the nondiscrimination policies:

Title IX Coordinator: Nikol Nolan, (785) 460-5490, Colby Community College, 1255 South Range, Colby, KS 67701. Section 504 ADA: Nikol Nolan, (785) 460-5490, Colby Community College, 1255 South Range, Colby, KS 67701.

application will not be processed.

Challenge students to adapt to a diverse society. Create opportunities for student growth. Connect student learning with professional experiences.