



**NORTHWEST TECHNICAL INSTITUTE**

*"Changing lives through education, training and skill development"*

P.O. Box 2000 ♦ 709 S. Old Missouri Road  
Springdale, Arkansas 72765-2000  
Phone: 479/751-8824  
Fax: 479/751-7780  
www.nwti.edu

**APPLICATION FOR ENROLLMENT**

**SUBMIT APPLICATION AND TRANSCRIPTS EARLY**

**PRINT CLEARLY**

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_  
- -

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden Name \_\_\_\_\_

**Permanent Home Address:**

Number & Street or Route & Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ County \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This application is for school year \_\_\_\_\_ 1.  Fall 2.  Spring 3.  Summer I 4.  Summer II

Have you ever registered/enrolled at NTI?  YES  NO If yes, indicate term last attended/registered \_\_\_\_\_  
Term Year

**PLEASE CHECK YOUR PROPOSED PROGRAM OF STUDY**

- 1.  Ammonia Refrigeration Maintenance Technology
- 2.  Architectural Drafting Technology
- 3.  Automotive Service Technology
- 4.  Business-Accounting Assistant
- 5.  Business-Administrative Assistant
- 6.  Business- Medical Office Assistant
- 7.  CIS-Network/Computer Technician
- 8.  CIS-Programmer
- 9.  Diesel & Truck Technology
- 10.  Electronics Technology
- 11.  Industrial Maintenance Technology
- 13.  Machine Tool Technology

\* This application is **not** for the Practical Nursing, Surgical Technology or the Truck Driving programs. Please request specific application packet.

High school graduate:  Yes  No Year \_\_\_\_\_ GED:  Yes  No Year \_\_\_\_\_

High school last attended: \_\_\_\_\_  
Name of High School City State

Military Service:  Yes  No Branch \_\_\_\_\_

**EMERGENCY CONTACT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_ Relationship \_\_\_\_\_

Number & Street or Route & Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

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If requesting credit for previous training, please list in chronological order all post secondary institutions at which you have officially registered. Attach additional sheets if needed. Request each institution send an official transcript to the Registrar's office.

NAME OF COLLEGE/ VOCATIONAL SCHOOL	LOCATION		DATES ATTENDED		CERTIFICATE/ DEGREES CONFERRED	IF CURRENTLY ENROLLED, # OF HOURS
	CITY	STATE	FROM MO/YEAR	TO MO/YEAR		

### ADDITIONAL REQUIREMENTS

1. Complete an application for enrollment
2. Submit official high school transcript and/or GED Scores and transcripts of previous post-secondary education.
3. Submit ASSET, ACT or COMPASS test scores (taken within the last three (3) years). The COMPASS test may be taken Monday thru Friday from 8 a.m. until 12 p.m. in the Counseling Center. There is a \$10.00 fee.
4. Provide immunization records (measles, mumps & rubella), if born on or after January 1, 1957.

Return Application To: Northwest Technical Institute Admissions Office  
P.O. Box 2000  
Springdale, AR 72765-2000

### STATEMENT OF SELECTIVE SERVICE STATUS IN COMPLIANCE WITH ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY

As a condition of filing an application with an agency of the State of Arkansas, I must register, or be exempt from registration, with the Selective Service System.  I am registered with the Selective Service System

I am exempted from registration because

- |  |   |
|--|---|
| <input type="checkbox"/> I am a female                   | <input type="checkbox"/> I am a current member of the armed forces on active duty |
| <input type="checkbox"/> I am under 18 years of age      | <input type="checkbox"/> I am 26 years of age or over                             |
| <input type="checkbox"/> I am an exempted resident alien | <input type="checkbox"/> Other, _____   |

### PHOTO RELEASE

I, hereby, consent and agree that pictures taken of me, or any reproduction of the same, may be used by Northwest Technical Institute for the purpose of promoting the school, its curriculum and programs, and said pictures may be included within or utilized as illustrations, advertisements, or publications, either in printed form or on television.

I, hereby, certify that I am of legal age. (A parent or legal guardian must sign for a minor.)

### ID BADGE

The student ID badge is required as a security measure. I understand that I must have the ID badge in my possession at all times while on the NTI campus. I also understand that I may be asked to present the badge at any time when requested by NTI faculty or staff.

I hereby affirm that all information supplied in these blanks is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.

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

### STATEMENT OF ASSURANCE

In keeping with the Guidelines on Title VI, Section 601, Civil Rights Act of 1964; Title IX, Section 901, Educational Amendments of 1972; and Section 504 or Rehabilitation Act of 1973; Northwest Technical Institute assures that no persons in the United States shall, on the basis of race, color, national origin, sex, or handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.