

# WIND ENERGY TECHNOLOGY PROGRAM

*Cloud County Community College*

## REQUEST FOR ADMITTANCE

ALL APPLICATIONS MUST BE COMPLETED AND RETURNED TO THE OFFICE OF ADMISSIONS  
INCOMPLETE FORMS WILL NOT BE REVIEWED.

Personal Information  
Please Print.

_____	_____	_____	_____
Last Name	First Name	Middle	Former Last Name(s)
_____	_____	_____	_____
Street Address and/or P.O. Box	City	State	Zip Code
_____	_____	_____	_____
Home Phone	Work Phone	Date of Birth	Email Address

Applying for:  
(Circle one)

AAS Degree  
(Assoc. of Applied Science)  
62 hours (2 years)

Wind Energy  
Technician Certificate  
33 hours (1 year)

Substation  
Technician Certificate  
33 hours(1 year)

Applying for fall/spring  
\_\_\_\_\_ Year

### Education History

#### High School Information

Will you be receiving or do you have:

G.E.D

Year G.E.D completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

High School Diploma

Year of Graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### College Information

Degrees Obtained:

(Please complete all that apply)

Certificate Program (location) \_\_\_\_\_

Associate Degree (location) \_\_\_\_\_

Bachelor Degree (location) \_\_\_\_\_

Master Degree (location) \_\_\_\_\_

Cloud County Community College requires official transcripts from each institution you have attended. It is your responsibility to make sure that each transcript is sent directly to CCCC from your previous college(s). Hand-delivered transcripts are not acceptable.

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

I understand that the completed forms are for use by the Wind Energy Technology Admission Committee and Cloud County 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 \_\_\_\_\_

*\*Student is responsible for notifying the Office of Admissions of any changes to this information.*