

**ARKANSAS FIRE ACADEMY
A DIVISION OF SOUTHERN ARKANSAS UNIVERSITY TECH
Application for Admission**

PERSONAL INFORMATION

NAME (*Last, First, Middle*)

HOME ADDRESS (Number & Street or Box, City, State, Zip)	PHONE NUMBERS	DATE OF BIRTH (Mo, Day, Yr)	
	WORK	SOCIAL SECURITY NO.	
E-MAIL ADDRESS	HOME	SEX	
	OTHER:	MALE	FEMALE

PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOU:

Caucasian
 Black
 Asian
 Hispanic
 Indian

HIGH SCHOOL or GED?

CIRCLE NUMBER FOR HIGHEST LEVEL OF FORMAL EDUCATION:

YES

NO

High School 9 10 11 12 College 13 14 15 16 Post Graduate 17 18 19 20

DO YOU HAVE ANY HANDICAPS (INCLUDING SPECIAL ALLERGIES OR MEDICAL CONDITIONS) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT AFTA? NO YES (If "YES", explain here.)

COURSE INFORMATION

ENTER THE COURSE YOU WISH TO TAKE: (*Name, Location & Date*)

Name of Course: _____ Course Location: _____ Date of Course: _____

ENTER THE COURSE(S) YOU THINK MEET THE PREREQUISITES OF THE ABOVE COURSE:

Name of Course: _____ Course Location: _____ Date of Course: _____

ORGANIZATIONAL INFORMATION

FDID NUMBER: _____ NAME OF FIRE DEPARTMENT _____ DEPT. TELEPHONE NO. _____

FULL DEPARTMENT ADDRESS: _____ APPROVAL BY CHIEF OR TRAINING OFFICER: _____

SIGNATURE: _____ DATE: _____

TITLE: _____

I CERTIFY THAT THE INFORMATION RECORDED ON THIS APPLICATION IS CORRECT. I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE ARKANSAS FIRE TRAINING ACADEMY IF I AM ADMITTED AS A STUDENT. FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF ADMISSION.

BY SIGNING THIS APPLICATION, THE STUDENT AGREES TO ALLOW THE ACADEMY TO MAIL THE CERTIFICATE TO HIS/HER DEPARTMENT. AFTER THAT TIME, THE RELEASE OF INFORMATION ABOUT COMPLETION OF THIS COURSE AND CREDIT FOR IT WILL BE MADE ONLY UPON SIGNED PERMISSION BY THE STUDENT.

I UNDERSTAND THAT THE ARKANSAS FIRE TRAINING ACADEMY DOES NOT PROVIDE MEDICAL OR HEALTH INSURANCE FOR STUDENTS. I MAINTAIN APPROPRIATE INSURANCE ON AN INDIVIDUAL BASIS.

SIGNATURE OF STUDENT: _____ DATE: _____

DISPOSITION: _____ (*Enrollment Division Use Only*)

ACCEPTED REJECTED REASON _____ Signature _____ Date _____