Bolivar Technical College Electronic Disclosure and Consent

This Electronic Signature Disclosure and Consent ("Consent") sets forth the terms and conditions governing my consent to sign documents electronically through, and my use of, the Bolivar Technical College (BTC) Electronic Signature System (System).

I may decline to electronically sign any document by clicking "Decline" instead of signing. I acknowledge that declining may slow the speed at which BTC can complete transactions with me and potentially delay the delivery of services to me.

Effect of My Consent

By agreeing to this Consent, I, _

understand that (i) electronically signing and submitting any document(s) to BTC legally binds me in the same manner as if I had signed in a non-electronic form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by BTC, is considered to be the true, accurate and complete record, legally enforceable in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of BTC's electronically stored copy of this Consent and any other documents. By using the System to electronically sign and submit any document, I agree to the terms and conditions of this Consent.

□ Accept

 \Box Decline

Application Form Bolivar Technical College 1135 N. Oakland Bolivar, MO 65613 Ph: 417-777-5062 Fax: 417-777-8908 Email: info@bolivarcollege.edu

NOTE: Please complete the application and submit with \$50.00 non-refundable application fee. Admission to the college does not guarantee matriculation into a program.

| | Ge | NERAL INFORM | MATION | | | |
|---|--|--------------------------------------|--------------------------|-------------|----------------------------|---------------------|
| | | | | | | |
| Name: (Mr./Mrs./Ms) (Last) |) | (First) | (Middle) | | (Maiden) | |
| . , . , | | (Plist) | (Middle) | | (wialdell) | |
| Physical Address:(Str | reet) | (City) | | (State) | | (Zip) |
| Mailing Address: | | | | | | |
| (if different from above) | | (City) | | (State) | | (Zip) |
| County: | Legal State of Residence_ | | Legal Resid | ence Date _ | / | / |
| Date of Birth:/ | / Sex: M | F E-mail | address: | | | |
| Daytime Phone: | | Altern | ate phone contact | : | | |
| (Home | e/work/cell) | | | (Home/wo | ork/cell) | |
| □ I ACCEPT to have I | BTC contact me via text messa | ge for testing and | d/or admission ren | ninders. | | |
| □ I DECLINE to have | BTC contact me via text mess | age for testing a | nd/or admission re | eminders. | | |
| Driver's License Num | ber: | Social | Security Number | : | | |
| Please select how y | ou prefer to be contacted: | | | | | |
| Please select how y □I attended BTC □B | □ Email □ Facebook Messa you have heard about BTC: (sel illboard □YouTube □TV/Ra /LinkedIn post □College/Card | lect all that apply udio □Recomme | y) ended by: (circle) | | / <u>friend</u> / <u>f</u> | <u>amily member</u> |
| | | PROGRAM | Ι | | | |
| Please indicate for | which program you are applyin | ng: | | | | |
| Professional Nursi | $ng \square$ | | | | | |
| RN to BSN Comple | etion \Box | | | | | |
| Practical Nursing | | | | | | |
| Please indicate what y | ear/semester you would like to | begin classes? | Year | Fall S | pring | Summer |
| | ACA | DEMIC INFOR | MATION | | | |
| High school last attend | led: | | | | | |
| | led:(Name of School) | | (City) | | (| (State) |
| Year graduated: | or GED received: | | | | | |

Please list ALL post-secondary institutions you have attended: (Attach additional sheet if necessary)

| Name of institution | City/State | Dates attended |
|--|-----------------------------------|--|
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| | | |
| lave you been awarded a bachelor's deg | - | |
| /hy have you chosen this career? | | |
| | | |
| lans after graduation? | | |
| Iave you ever been enrolled in a similar | program at another school? When a | and Where? |
| | | |
| Iave you ever been licensed as a nurse (| | |
| Which state(s): | | |
| are you currently employed? \Box Yes | □ No Position | |
| susiness name: | | Telephone |
| Iave you ever been convicted of a felon | y? 🗆 Yes 🔲 No If yes, when: | |
| | | |
| | APPLICANT VERIFICATION | N |
| | | he best of my knowledge. I understand that n of the application process or dismissal fror |
| pplicant signature | | Date |
| | | |
| ignature (if under 18, a parent or legal g | ruardian must sign) | Date |

This school does not discriminate on the basis of age, sex, marital status, ethnic or national background, religion, or disability when admitting students to the college.

Revised 6/13/24