



Washington, D.C. Campus
4000 Chesapeake Street NW
Washington, DC 20016

202.686.0876
202.686.0818 (Fax)

Northern Virginia Campus
1029 Herndon Parkway
Herndon, VA 20170

703.709.5875
709.709.8972 (Fax)

ADMISSIONS APPLICATION FORM

PERSONAL DATA

Last Name	First Name	Middle Initial	Maiden Name
Social Security Number: _____		Date of Birth: _____	
Current Address: _____			
Address	City	State	Zip
Email Address	Home Phone	Work Phone	Cell Phone

APPLICANT INFORMATION

The information requested is for governmental and regulatory purpose only. All applicants will be considered without regard to race, color, sex, marital status, religion, national origin, disability or veteran status

Ethnic Information	Marital Status	Citizenship	Sex	Have you ever been in the Military?
<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Single	<input type="checkbox"/> U.S.A	<input type="checkbox"/> Male	<input type="checkbox"/> Yes
<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Married	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Female	<input type="checkbox"/> No
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Separated	<input type="checkbox"/> Other _____		If yes, which branch of service?
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Divorced			<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines
<input type="checkbox"/> Asian	<input type="checkbox"/> Widowed			<input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard
<input type="checkbox"/> Other _____				

First Language, if other than English: _____

EMPLOYMENT INFORMATION

Please list all employment for the last five years.

Current Employer: _____ Position: _____ Years of Employment: _____
Employer Address: _____

Previous Employer: _____ Position: _____ Years of Employment: _____
Employer Address: _____

My Employer provides tuition reimbursement: Full Partial Not Applicable

EMERGENCY CONTACT INFORMATION

Person to contact in emergency (full name) _____
Relationship to student _____
Contact information for this person:
Home telephone number _____ Work telephone number _____
Cellular telephone number _____ E-mail address _____

I acknowledge that I am responsible for reading and understanding following documents posted on the Potomac College website: Policy and Procedures on Controlled Substance Abuse, Academic Catalog, College Attendance Policy, and College Standards of Academic Progress. I understand that these documents could be provided to me as hard copies, on my request.

Signature: _____ Date: _____



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TRANSCRIPT REQUEST FORM

PERSONAL DATA

Last Name	First Name	Middle Initial	Maiden Name
Social Security Number: _____		Date of Birth: _____	
Current Address: _____			
Address	City	State	Zip
Email Address	Home Phone	Work Phone	Cell Phone

ATTENTION REGISTRAR

Please send an official transcript of my academic work while attending your institution to the main campus address listed below

Name of College	Campus Name or Address and City	State	Start Date	End Date

HIGH SCHOOL FROM WHICH YOU GRADUATED OR GED TEST CENTER

Name of HS or Test Center	City	County	State	Month/Year

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have attended no college and/or institutions other than those listed. I understand that official transcripts forwarded from schools that I have attended become the property of Potomac College and will not be returned to me. I understand that withholding information on this application or giving false information make me ineligible for admission to the College, or subject to dismissal.

Signature: _____ Date: _____