

Bachelor of Science in Applied Management Application

Please complete the following information. This document will place you on our mailing list to receive the quarterly Ranken newsletter, invitations to campus events and other enrollment information. It will also serve as your application when you decide to become an official applicant to Ranken. Your application will not be considered complete without the \$25 **nonrefundable** application fee.

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____
 Preferred Name: _____ Social Security Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Age: _____ Telephone Numbers: (home) _____ (work) _____
 Email Address: _____ Emergency Contact: _____ Phone: _____
 Employer: _____ Job Title: _____ Student ID: _____
 Do you anticipate employer scholarship or tuition reimbursement? Yes No
 U.S. Citizen: Yes No If no, country? _____ Gender: Male Female
 Are you Hispanic or Latino/a? Yes No
 To which racial group(s) do you belong:
 American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

ENROLLMENT INFORMATION

Preferred Start Date: Fall Spring Summer
 Preferred BSAM Track: Management Marketing MIS
 Are you a Ranken graduate? Yes No If yes, approximately what year? _____
 What program? _____ Did you graduate with a certificate or a degree? _____
 Did you graduate from high school? Yes No If yes, what high school: _____ GPA: _____
 If no, did you receive your GED? Yes No Year: _____
 College or other post-secondary school(s) attended: _____
 School: _____ Degree/Certificate: _____ GPA: _____
 School: _____ Degree/Certificate: _____ GPA: _____
 Do you plan to apply for financial aid? Yes No

BACKGROUND INFORMATION

How did you first learn about the program? radio TV newspaper friend/family high school other _____
 What other colleges are you considering? _____
 What are your career goals? _____
 I certify that the information I have provided in this application is complete and accurate to the best of my knowledge. I understand that if I attend Ranken Technical College, I am responsible for all costs.
 Student Signature: _____ Date: _____

INSTRUCTIONS

Please note: An additional **nonrefundable** \$70 registration fee is required to reserve a spot in classes. Please make checks or money orders payable to Ranken Technical College. If returning this form by mail, please send to: Admissions Office, Ranken Technical College, 4431 Finney Ave., St. Louis, MO 63113.

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For Office Use Only

Tour: Yes No
 Interview: Yes No
 Initials: _____
 ACT/SAT: Date: _____ Math: _____
 Reading: _____
 ACT COMPASS: Date: _____ Writing: _____
 Reading: _____ Writing: _____
 Pre-Alg: _____ Alg: _____
 College Algebra: _____
 Retest Scores: Date: _____
 Reading: _____ Writing: _____
 Pre-Alg: _____ Alg: _____
 College Algebra: _____
Program/Course
 Major: _____
 Section: _____
 Fall Spring Summer
 Year: _____
 Steps Participant: _____
 High School Records: _____
 Other Transcripts: _____
 SSS 1st Level Academic
 Remarks: _____

