



**East Central Technical College
ONLINE STUDENT INFORMATION FORM**

Personal Information

Last Name First Name MI SSN

email address (must have a valid email address to take an online course)

Mailing Address City State Zip Code

Home Phone Number Date of Birth

Sex: ___M ___F Race _____ Age _____

Enrollment Status

Program/Certificate: _____ Course(s): _____

Quarter/Year Enrolled: Fall ___ Winter ___ Spring ___ Summer ___

Are you a: New Student _____ or Returning ECTC Student _____

Please check one of the following:

___ I am taking only online classes with ECTC.

___ I am a transient student from _____ college.

___ I am taking classes online and am enrolled in another course on an ECTC campus. If so, who is your on-campus instructor? _____

Employment Status

Place of Employment Job Title Business Phone

Mailing Address City State Zip Code

Employment hours worked per week while enrolled in school:

None ___ 1-10 ___ 11-15 ___ 16-20 ___ 21-30 ___ 31 or more ___

I have read the hardware/software information sheet and am aware of the computer/internet requirements for online classes.

Signature Date