



**Gadsden State Community College**  
**Court Reporting Department**  
**ADMISSIONS APPLICATION**

Print, type, circle and/or check all information

Mr.

Mrs.

Miss.

Ms. \_\_\_\_\_ S.S.# \_\_\_\_\_  
          LAST                      FIRST                      MIDDLE

Home address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

1. Did you graduate from high school? Yes \_\_\_\_ No \_\_\_\_ What year? \_\_\_\_  
Name of school \_\_\_\_\_

2. What was your average overall GPA or letter grade in high school? \_\_\_\_  
In English \_\_\_\_ Government \_\_\_\_ History \_\_\_\_ Math \_\_\_\_ Science \_\_\_\_

3. If you did not complete or graduate from high school, why? \_\_\_\_\_  
\_\_\_\_\_  
Did you get a G.E.D.? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

4. Have you attended college before? Yes \_\_\_\_ No \_\_\_\_ Number of years? \_\_\_\_  
Name of college(s) attended \_\_\_\_\_  
\_\_\_\_\_  
What was your major? \_\_\_\_\_

8. Do you enjoy reading? Yes \_\_\_\_ No \_\_\_\_ What are your favorite types of books? \_\_\_\_\_

9. How do you like to spend your leisure time (reading, jogging, sports, etc.)? \_\_\_\_\_  
\_\_\_\_\_

10. How computer literate do you consider yourself? \_\_\_\_\_  
a. Do you know how to create a PDF? \_\_\_\_\_  
b. Do you know how to insert an attachment to an email? \_\_\_\_\_  
c. Do you use the home keys on the qwerty keyboard? \_\_\_\_\_  
What programs have you worked with? \_\_\_\_\_

11. Which of the following pairs of terms best describe you?  
a. Active \_\_\_\_\_ or Passive \_\_\_\_\_ d. Shy \_\_\_\_\_ or Outgoing \_\_\_\_\_  
b. Indoors \_\_\_\_\_ or Outdoors \_\_\_\_\_ e. Relaxed \_\_\_\_\_ or Aggressive \_\_\_\_\_  
c. Organized \_\_\_\_\_ or Impromptu \_\_\_\_\_

12. **Health History:**  
(a.) Please state if you have had any of the following conditions:  
arthritis \_\_\_\_\_ rheumatism \_\_\_\_\_ rheumatoid arthritis \_\_\_\_\_  
(b.) If you have any sort of muscular or joint disease, please name. \_\_\_\_\_  
(c.) Have you had any back problems or had back surgery (please be specific)? \_\_\_\_\_  
(d.) Do you have any problems with your: Hearing \_\_\_\_\_ Speech \_\_\_\_\_  
(e.) Do you wear: Glasses \_\_\_\_\_ Contacts \_\_\_\_\_  
(f.) Using good, fair, or poor, rate your:  
General health \_\_\_\_\_ Hearing \_\_\_\_\_ Eyesight \_\_\_\_\_  
(g.) Do you take any special medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_  
(h.) Is there anything else concerning your health that you think we should know? \_\_\_\_\_

13. Are you a veteran of military service? Yes \_\_\_\_\_ No \_\_\_\_\_ What branch? \_\_\_\_\_  
Years of Service: From \_\_\_\_\_ to \_\_\_\_\_  
Did you receive an Honorable Discharge? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

14. Are you presently working: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Company \_\_\_\_\_  
How long? \_\_\_\_\_ Position or duties \_\_\_\_\_  
Approximately how many hours a week do you work? \_\_\_\_\_  
Employer address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Do you plan to maintain this employment while attending school?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, do you plan to seek alternative employment? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Your spouse's full name: \_\_\_\_\_  
Employer \_\_\_\_\_ Job title \_\_\_\_\_  
Spouse's level of education:  
GED \_\_\_\_\_ HS Grad \_\_\_\_\_ College Student \_\_\_\_\_ College Grad \_\_\_\_\_
16. Do you have any children? If so, give name(s), age(s), level of education.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Your father's full name: \_\_\_\_\_  
Employer \_\_\_\_\_  
Level of education: GED \_\_\_ HS Grad \_\_\_ College Student\_\_ College Grad \_\_\_
18. Your mother's full name: \_\_\_\_\_  
Employer \_\_\_\_\_  
Level of education: GED \_\_\_ HS Grad \_\_\_ College Student\_\_ College Grad \_\_\_
19. Do you have any brothers and/or sisters? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, give names and ages: \_\_\_\_\_  
\_\_\_\_\_
20. Name of your hometown or area newspaper: \_\_\_\_\_  
Do you authorize the school to release information about your educational and career achievements to this or other news publications? Yes \_\_\_\_\_ No \_\_\_\_\_
21. In the event of a school release of information to a newspaper or an awards

I, the undersigned do hereby apply for admission and pledge to observe all