



# Wharton County Junior College

## APPLICATION FORM HEALTH INFORMATION TECHNOLOGY CERTIFICATE LEVEL I & II

Date \_\_\_\_\_

Name: Last                      First                      Middle                      Maiden or Previous Name

Permanent Address:    Street Number                      City, State                      Zip

Mailing Address:    Street Number/PO Box                      City, State                      Zip

Date of Birth \_\_\_\_\_                      Social Security Number \_\_\_\_\_

Telephone – Home \_\_\_\_\_                      Work \_\_\_\_\_

Cell \_\_\_\_\_                      Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Mark the Certificate Degree you plan to enroll in: (please check answers below)

Level I                      or                      Level II

Completed WCJC application on file in the Registrar’s Office?    Yes                      No

Are you TSI satisfied?    Yes                      No

You must be TSI satisfied in reading, writing and math to enroll in the Level II Certificate Degree.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Wharton County Junior College does not discriminate on the basis of race, color, age, marital status, national origin, religion, sex, or disability.

Please return completed form to: WCJC, HIT Program, 911 Boling Hwy, Wharton, TX 77488.