

Ankeny Boone Carroll Des Moines/Urban Newton West



Vocational-Technical Special Admission

Restart Special Start

PART I: *Student completes:*

DMACC ID Number										Month		Day Date of Birth		Year					

Name (Last, First Name, Middle Initial) _____

Former Legal Last Name _____

Telephone Number's: Home (____) _____ Work (____) _____ Cell (____) _____

Home Address _____
Street City State Zip

DMACC Email Address _____ Home E-mail Address _____

Please keep your address & telephone number current with the college.

Program: _____ Requested Start Term _____

Student's Signature _____
Date

PART II: *Student completes with Program Chairperson/Director:*

Does this student need to repeat coursework? Yes No

List Courses:

Other Requirements:

Attach any required documentation – Review transcripts – Complete Educational Achievement Plan

PART III: *Student and Program Chairperson/Director complete:*

I understand the special admission process and agree to meet the requirements. I will notify the Program Chairperson/Director and provide documentation when the above requirements are completed.

Student's Signature _____
Date

PART IV: *Program Chairperson/Director completes:*

Seats Available: Yes No

Student has completed needed requirements and is eligible to special start/restart _____ term.

Program Chairperson/Director Signature _____
Date

Please return to the Admissions Department, Ankeny Campus