



APPLICATION FOR THE OPHTHALMIC ASSISTANT PROGRAM

APPLICANT INFORMATION

Rolling Admissions Applications for fall 2018 will be accepted until the class is full

Last Name: _____ First Name: _____ Middle Initial: _____

Please list any other names you have gone by here: _____

Date of birth: _____ Banner ID (for community college students): _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

May we text your cell phone? _____ Yes _____ No

Current street address: _____

City: _____ State: _____ ZIP Code: _____

HCC E-mail: _____ Personal or alternate E-mail: _____

(All contact will be made using this address.)

CHECKLIST FOR REQUIREMENTS FOR APPLICATION

1. All Official Transcripts
(high school and any college transcripts)
2. One professional, employer or instructor letter of reference, sealed and signed by the person writing the reference. No personal references.
3. Essay (250 to 500 words) Explain why you want to be an ophthalmic assistant and describe two of your characteristics or experiences that would support your application.

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REFERENCE (ON OFFICIAL LETTERHEAD IF POSSIBLE)

Name and Job Title

Address

Phone

APPLICANT'S SIGNATURE

I authorize the verification of the information provided on this form, and, to the best of my knowledge, believe it to be complete and accurate. I understand that any falsification will result in dismissal from the program.

Signature of applicant: _____

Date: _____

Mail the completed application and required documentation to Housatonic Community College, 900 Lafayette Blvd., Bridgeport, CT 06604, Attention: Rosalee Creighton-Fuller, Math/Science Department Secretary