BUSINESS MANAGEMENT
Adult Student Accelerated Program
APPLICATION

Social Security Number _____ Last Name _____ First Name _____

Street Address _____ City _____

State _____ Zip Code _____ Home Phone _____ E-mail address _____

EDUCATION: List post-secondary schools attended, including Marion Technical College

College _____ Address _____ _____ -- _____ Attended From – To (Month / YR)

College _____ Address _____ _____ -- _____ Attended From – To (Month / YR)

WORK EXPERIENCE: Document two years of full-time work experience; most recent first

Employer _____ Address _____ _____ -- _____ Employed From – To (Month / YR)

Employer _____ Address _____ _____ -- _____ Employed From – To (Month / YR)

Employer _____ Address _____ _____ -- _____ Employed From – To (Month / YR)

Employer _____ Address _____ _____ -- _____ Employed From – To (Month / YR)

☐ Attach a **Commitment Essay** (2-3 paragraphs) outlining your goals for pursuing this program:
Discuss your short-term and long-term career goals.
Discuss how you will manage the independent study that is required for this accelerated program.

☐ I have access to a personal computer, Microsoft Office software, and an Internet connection.

☐ I understand the expectations that will be required of me to succeed as an ASAP student.

Signature _____ Date _____

Return this Application to:
Marion Technical College
Office of Admission
Attn.: Jane Rayner-Galyk, Coordinator of Admissions
1467 Mt. Vernon Avenue
Marion, Ohio 43302

Wood/application package