CENTRAL TEXAS COLLEGE
Mental Health Services
Application for Admission

Name: _____ _____ _____
Last First Middle

Address: _____
Box Number/Street City State Zip Code

Telephone: Home _____ Work Number _____

E-Mail Address: _____

Social Security Number: _____

Graduate: HS _____ Year _____ GED _____ Highest Grade Completed 9 10 11 12 13 14

Other names under which transcripts may be listed: _____

☐ **Please check this box if you have already submitted College transcript(s) to CTC Records Department.**

Please check your area of interest below:

At-Risk Youth Specialization	**Chemical Dependency Specialization**	**Social Work**
☐ Advanced Certificate	☐ Advanced Certificate	☐ AAS
☐ AAS	☐ AAS	

☐ (init. _____) I have been given the MHSV Department information.
☐ (init. _____) I have received a copy of the MHSV Department Code of Ethics/Confidentiality Statement.

Students, regardless of specialization, are advised that certain felonies or misdemeanors may prevent them from accomplishing practicum hours or gaining employment.

My signature below indicates that I have read and understand the above information.

_____ _____
Signature Date of Application

Please return application to:

Central Texas College
Mental Health Services Dept.
P.O. Box 1800
Killeen, TX 76540-1800

Tel: 1-254-526-1891/1186/1856
Fax: 1-254-526-1212
Email: dawn.green@ctcd.edu

Important! Please remember to call the Mental Health Services Department with any change of address or phone number.

(Rev 7/13/05)