

UCCS ECSE Apprentice Application

Full Name: _____ Student ID# _____

Address: _____ City: _____

County: _____ ZIP Code: _____

Email: _____ Phone number: _____

Are you a current student at UCCS? (yes or no) _____

If not, have you been accepted to UCCS? (yes or no) _____ If you have not completed your UCCS application, acceptance is required for this program.

Do you have an employer for your apprenticeship program? (yes or no) _____ If not, our program can place you with an employer.

Name of employer: _____

Employer address: _____

Employer phone number: _____ Employer email: _____

Employer supervisor name: _____

How long have you been employed with this organization? _____

How many hours do you work for this organization weekly? _____

Previous colleges and credits earned: (transcripts will be required)

How many total college credit hours have you completed? _____

How many of those credits were in early childhood related education classes? _____

I agree that the information above is correct to the best of my knowledge.

Applicant signature: _____ Date: _____