

Application Correction Form

| Year: | Term: _ | Student ID Number: |
|---------|------------------------------|--|
| Student | t Last Name: _ | Student First Name: |
| Upon co | ompleting an | Application for Admission for the above term, I made an error. Check all that apply. |
| | I answered y | ves to the question below by mistake. |
| | Crimin | nal Background |
| | Do you have | e any pending felony charges, pled guilty to a felony, or been convicted of a felony? |
| | Yes | ○ No |
| | I answered y | res to the question below by mistake. |
| | Tubercu | losis (TB) Screening |
| | | nts intending to seek admission into East Central College must be screened for Tuberculosis (TB). ne following set of questions: |
| | • Have you | ever been diagnosed with TB? |
| | Have you | u ever been in contact with someone who has, or had, TB? |
| | Were you | u born outside the United States? |
| | Have you | u engaged in frequent visits, prolonged visits, or military service outside the United States? |
| | Have you | u been a volunteer or health care worker who served clients who are at an increased risk for active TB disease |
| | ■ Check this | box if you answered YES to any question above. |
| | You will be red | quired to submit tuberculosis test results within the past 12 months from a provider in the United States. |
| | Other. Pleas | e explain. |
| | | |
| | | |
| Student | t Signature: | Date: |