

YUBA COLLEGE – PSYCHIATRIC TECHNICIAN PROGRAM APPLICATION

Return this application AND
Official high school/college transcript to:

ATTN: Suzanne Jones
Yuba College – Nursing
& Allied Health Division
2088 North Beale Road
Marysville, CA 95901

Applicant Name: _____

List all previous names used: _____

Social Security Number _____

Birthdate: _____

Ethnicity: _____

Sex: (circle) Male Female

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Veteran: Yes NO Discharge Date _____
(Attach documentation of veteran status)

Name of high school _____

Year graduated: _____

Did you complete the G.E.D. (attach test results)? _____

If you have had college classes that will apply to the Psychiatric Technician Program please list below

Course Name	College where taken (including Yuba College)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Signature: _____
(Note: students who have not established California residence in accordance with state regulations must pay non-resident tuition.)

Date: _____

OFFICE USE ONLY:
Date Received: _____ Waitlist Number _____
Letter sent: _____