



## MILITARY IT TO IT PROGRAM APPLICATION

Complete this form and return along with the required documentation to: 4100W-  
Technical Careers Division, Lansing Community College, 5708 Cornerstone Drive,  
Lansing, Michigan 48917, or fax to 517.483.1320, or email mitch24@lcc.edu

**Name** \_\_\_\_\_  
*Last*
*Middle*
*First*

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ LCC Banner Student #: \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Preferred Telephone**

	<b>O Home</b>	<b>O Cellular</b>	
	Home	(____) _____ - _____	
	Cellular	(____) _____ - _____	
	Email	_____	

**Military Service**

- |  |   |
|--|---|
| <p>1) What is your currently military status?</p> <p style="margin-left: 40px;">If discharged, did you receive an honorable discharge?</p> | <p>ACTIVE DUTY<br/>NATIONAL GUARD<br/>RESERVE<br/>DISCHARGED<br/>YES<br/>NO</p> |
| <p>2) In which branch/branches of the Armed Services are/were you a member?</p>  | <p>ARMY<br/>NAVY<br/>AIR FORCE<br/>MARINES<br/>COAST GUARD</p>                  |

**List dates of military service and military occupation area. Official military transcripts must be provided by applicant as a requirement of the program.**

<u>Armed Service</u>	<u>Dates</u>	<u>Military Occupation</u>

**List of all military or civilian IT experience**

<u>Armed Service &amp; Civilian Service</u>	<u>Dates</u>	<u>Duties Performed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you retain a current IT or higher certification/license?**

<u>Certification</u>	<u>Dates</u>	<u>Who Issued the Certification</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Colleges**

<u>School</u>	<u>Dates</u>	<u>Major Areas of Study</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Career Goals**

*Briefly outline your career goals. Also describe why you have chosen this profession.*

## **ACKNOWLEDGEMENT**

I understand that I must meet the basic requirements for admission to my program.  
I also understand that I must take full responsibility for the following:

1. Having official transcripts for all college or professional school work sent as required to the Enrollment Services Office
2. Notifying the Military Medic Program of any changes in health since my original application that may affect my ability to complete the program
3. Updating information on the Military IT to IT Program Application (including current address and telephone number) if any changes occur prior to my starting the program
4. Meeting all application deadlines established for my program

I understand that if I am not admitted to my program of choice during an admission cycle, I will be required to reapply for admission during a subsequent admission cycle.

The information that I have provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have questions, please contact the Military to IT Program at 517.483.1553*