



IAM/Empire State College Program Interest Form

Please fill out the following survey. Return to W3. (24494 Placid Harbor Way, Hollywood, MD 20636, Attention: Rhonda Rogers or Elaine Poland, epoland@iamaw.org or fax 301-373-2860)

Name _____ Local _____ Book # _____

Title _____ Territory _____

Address _____

Primary E-mail Address _____

I am interested in the College Degree Program (*check one*)

Associates Degree Bachelors Degree Masters Degree

Please tell us why you are interested

Please complete this portion to help us better assess your previous learning.

- Estimated number of previous College credits _____
 - List all Colleges attended and degrees received

- If you have received a degree, what was your major?

- Did you complete an apprenticeship? _____ If so, what was the trade of the apprenticeship? _____

- Did you complete a FAA certification? _____ If so, what was the official certification? _____

OVER

- List any training taken at W3

- CLEP (College Level Examination Program) credits _____
- Did you serve in the Military? _____ If so, what was your MOS? _____
- Length of time as a Union Representative? _____
- Length of time actively serving on union committees? _____
- List any other life experiences (i.e., working on election campaigns, community service work, scout master, Sunday School teacher, etc.)

- List any other training you may have received (i.e., first aid/CPR training, flight training, scuba diving training, or seminars, etc.)

Consistent with the provisions of the Family Educational Rights and Privacy Act (FERPA) by signing this statement I authorize the IAM / William W. Winpisinger Center to release to SUNY Empire State College the information referenced here and elsewhere pertaining to my interest in applying to its programs and enrolling in its courses. I also authorize SUNY Empire State College to release information to the Director's office of the IAM / William W. Winpisinger Center regarding my attendance, courses grades, transcripts and financial standing at the college.

Signature

Date

Print Name: _____
 First Middle Last

Last Four Digits of Social Security # or SSI#: _____