



IDTC CAREER CENTER

Let's Make A Career in Healthcare

OFFICE OF REGISTRAR

410 NW 11th Street, Grand Prairie, TX 75050

Suite 110

Phone: (469) 914-7461

Email: training@idtc-career.com

STATEMENT OF INTENT TO RE-ENROLL AT IDTC CAREER CENTER

Enrollment for the _____ term of the _____ academic year.

Name: _____

E-mail Address: _____

Address: _____

City/State/Zip: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Program you wish to enroll into: _____

*** If you were placed on academic probation or dismissal at the end of your last term of attendance at IDTC Career Center, you must submit a written appeal for re-admission with this intent to re-enroll. You will be notified of the time and date of your appointment with the facility director.

Submit all paperwork to: IDTC Career Center
Registrar's Office
Suite 110
Grand Prairie, TX 75050
(469) 299-8974 Ext. 103 or (469) 480-9351

Questions, please call: (469) 914-7461



IDTC

CAREER CENTER

Office of IDTC Registrar
Suite 110
Grand Prairie, TX 75154
Fax: 469-480-4763
Email: training@idtc-career.com

RE-ENROLLMENT FORM

Purpose: This form is for use by students who have attended IDTC Career Center, who is not currently enrolled (have taken one or more terms off) and would like to return to IDTC Career Center.

I wish to re-enroll for:
(Check One)

Fall

Spring

Summer

Academic Year: _____

I wish to re-enroll in:
(Check One)

Phlebotomy

Dental Assistant

Medical Assistant

Medical Billing and Coding

Campus:

Grand Prairie

Student ID:

Name: _____
Last First Middle

Previous Name (if changed since last enrollment): _____

Mailing Address: _____

Phone: (_____) _____

Home Address

(Check if same as mailing address)

Cell Phone: (_____) _____

Email Address (used only for communication regarding this form): _____

Have you attended another institution since your last enrollment at IDTC Career Center?

Yes

No

Name of Institution

Location

Attendance Dates

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Primary Phone: _____

(Required) Please indicate if you have ever been convicted of a felony, are currently charged, or under indictment for a felony:

YES

NO

Statement of Integrity: I certify that the information contained within this form is complete and accurate, and I understand that submission of inaccurate information is sufficient cause for terminating my enrollment. Additionally, at all times, during the re-enrollment process or as a student, I am required to notify IDTC Career Center Admissions Office of any charge, indictment, or conviction involving a felony. Failure to provide such may result in student disciplinary action, up to including expulsion from IDTC Career Center

X _____

Student Signature (Required)

Date