



Adult Student Enrollment Checklist

Date started: _____

☐ **Contact information**

- Name: _____
- Address: _____
- Home #: _____ Cell # _____
- Program of interest: _____

☐ **Enrollment form** completed and returned Date: _____ Initials: _____

☐ Schedule **WorkKeys and Interest Inventory** with Career Center

- Date: _____ Time: _____
 - Completed WorkKeys Initials: _____
 - Completed Interest Inventory Initials: _____

☐ **Financial Aid** planning

- Mrs. Williams Date: _____ Initials: _____
- Self-pay (no planning needed) Date: _____ Initials: _____

☐ **Transcript or GED/HiSET** documentation Date: _____ Initials: _____

☐ **Meet** with instructor, site director, and/or counselor

☐ Planned start date Date: _____

☐ Program: _____ Instructor: _____

☐ Time Commitment: ☐ Full-time ☐ Part-time ☐ Skill Enhancement

☐ Enrollment process complete Date: _____ Initials: _____