

# San Jacinto College North/South Campus Mental Health Services Program

Student GID # \_\_\_\_\_

## APPLICATION FOR ADMISSION

Date \_\_\_\_\_

*You are urged to give careful consideration to each question on this form. It is to your advantage to complete the entire form accurately. Please return this completed form to our office by email or in person. Call 281.998.6150 ext 7509 or 7146 for questions. Email return address: [mentalhealthservices@sjcd.edu](mailto:mentalhealthservices@sjcd.edu) Office: San Jacinto College North Campus: Building 17, Rm 2112*

**Please Print** (blue or black ink only)

Full Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number/P.O. Box Street City State Zip

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Active Email: \_\_\_\_\_

Friend/Relative (In case of emergency) Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

High School Diploma or GED Where Obtained \_\_\_\_\_ Year \_\_\_\_\_  
(Circle One)

### College(s) Attended

Name of College	City/State	Dates	# hours

Are you on Probation or suspension at any college?  Yes  No

Have you ever applied to this Mental Health program before?  Yes  No

Degree/Certificate interest (circle):

- AAS       Mental Health Tech. Cert. of Technology       Substance Abuse Cert. of Technology  
 Substance Abuse Occupational Cert.       Prevention Specialist Cert.       Other \_\_\_\_\_