

Application for Admission

Be The Best!



Mitchell Technical Institute

www.mitchelltech.edu

HOW TO APPLY

To be considered for acceptance into an Associate Degree or Diploma program at MTI, you must do the following:

1. Complete this application form or apply online.
2. Request official transcripts from high school, colleges, and/or technical schools attended or GED scores.
3. Request scores from schools or agencies for any of the following tests you have taken: ACT, Accuplacer, SAT, or Compass.
4. If above testing was not completed or scores do not meet program standards, complete an admissions test at MTI.

Upon successful completion of the application process, the prospective student will be asked to submit a non-refundable \$60 matriculation fee to be accepted into the program of interest.

NEED FINANCIAL AID?

To apply for financial aid, you must first apply for admission to MTI in the particular program/major you are interested.

The student (and his or her parent[s] if financially dependent) will use the tax return information from 2 years prior to the enrollment year. For example, if you are enrolling in 2020-2021, you will use 2018 federal tax information. You will not have to manually enter your tax information; instead you will "link to IRS" and your tax information will be transferred to your FAFSA.

To complete the FAFSA please go to studentaid.ed.gov/sa/fafsa. You (the student) and a parent will need to create a FSA ID and you can accomplish that at <https://fsaid.ed.gov/>

MTI's Title IV code number is: **008284**. Financial aid is available on an annual basis and your eligibility is determined each year with a new application. Students must meet satisfactory progress requirements to continue eligibility for financial aid.

OTHER INFORMATION

If you would like additional information about financial aid or would like to set up an appointment to discuss programs available, contact the Financial Aid Office at (605) 995-3052 or toll-free nationwide (800) 684-1969.

Please note: Financial aid policies are set by the federal government and are subject to change. Information in this brochure may be updated at any time. For the most current information, contact the Financial Aid Office.

Career Counseling & Testing: Counseling is available at MTI to assist you in choosing and enrolling in a program/major.

When to Apply: Class enrollments are limited so early application is to your advantage. MTI semesters begin in August and January. Check with the Admissions Office.

Tuition Deposits: Tuition deposits will be required once a program is full. The tuition deposit of \$150 will be applied to the student's tuition the first semester of class. In case a student opts not to attend, the tuition deposit is non-refundable.

HOW TO REACH US

Write to:
Admissions Office
Mitchell Technical Institute
1800 E. Spruce St.
Mitchell, SD 57301

Call:
(605) 995-3025 or
1-800-684-1969

Visit:
1800 E. Spruce Street
Mitchell, SD

Fax:
(605) 995-3067

E-mail:
MTI.Admissions@mitchelltech.edu

Website:
www.mitchelltech.edu

Online Application Form:
www.mitchelltech.edu/apply

PLEASE PRINT CLEARLY

FULL NAME

Last

First

Middle

Maiden

Preferred First Name _____

Please list all other names that may appear on your academic records _____

Social Security Number _____

Are you older than 16 years of age? _____

Yes

No

Date of Birth

PERMANENT ADDRESS

Street or Box Number

City

State

Zip Code

Would you like your mail directed to another address? _____

Yes

No

If you marked "yes", then please complete the following information below.

Current Address _____

Street or Box Number

City

State

Zip Code

How long is the current address valid? _____

CONTACT PHONE

Home Phone

Cell Phone

Can we text you? _____

Yes

No

E-MAIL ADDRESS

CONTACT PREFERENCE

What is the best way to contact you:

Home Phone

Cell Phone

Text

Email

DEMOGRAPHIC INFORMATION

The following information is regarded as **VOLUNTARY**. The statistical data helps us maintain accurate records and provides accurate demographic information to various funding and governmental entities, but does not affect acceptance into Mitchell Technical Institute.

Gender: Male Female

Are you Hispanic/Latino?: Yes No

Race (check more than one box, if applicable): American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

Marital status: Single Married Divorced Widowed

Do you have children under 18 years of age?: Yes No

U.S. military veteran: Yes No If "Yes," branch of service: _____

Turn Page and Complete Second Part ►

PLEASE PRINT CLEARLY

PROGRAM / MAJOR

For what term are you enrolling at MTI?
(please check a box and add a year)

Fall 20 _____ Spring 20 _____

Have you previously applied to MTI?

Yes _____ No _____

If so, when? _____ What program? _____

EDUCATION

Please fill out the information below as accurately as you can.

High School from which you
will or did graduate

Name City State

Date of high school graduation

Month / Year

Have you taken or do
you plan to take the ACT? _____
Yes No

Was a GED taken to earn
high school equivalency?

Yes _____ No _____

If yes, provide the year it was completed: _____

Name on school records
if different than above

Last First Middle Maiden

List previous technical, college or military
schooling including MTI

Name of School City / State Course Start / Finish Date

Name of School City / State Course Start / Finish Date

OTHER INFORMATION

What is the relationship to this person
(please circle one)?

PARENT GUARDIAN SPOUSE

Parent/Guardian Address

Street or Box Number City State Zip Code

CITIZENSHIP

USA _____ Permanent Resident Alien _____ Refugee / Asylee

Other (specify) _____

REFERRAL INFORMATION

How did you hear about MTI? (please circle your selections)

Family Member	E-mail Newsletter	Radio	High School Visit
A Friend	Search Engine	Alumnus	College Fair
High School Counselor	Business/Industry Contact	Facebook	MyTI Camp
MTI Instructor	TV Ad	Exploration Day Visit	Career Expo
MTI Website	Web Ad	High School Teacher	Twitter

If referred to MTI by **an individual**,
please share the name and address
of the person that referred you.

Last First

His or her address

Street or Box Number City State Zip Code