

# Application for Admission

## SCTE Cable College at RIT - CT, BS, and MS

Please print or type all responses. Questions regarding the Cable College program and application process should be directed to Kitren VanStrander, Director of Outreach Education and Training, Center for Multidisciplinary Studies, [kitren@mail.rit.edu](mailto:kitren@mail.rit.edu), (585) 475-7054.

### Return application to:

SCTE Cable College at RIT  
Center for Multidisciplinary Studies  
Rochester Institute of Technology  
31 Lomb Memorial Drive  
Rochester, NY 14623  
Phone: (585) 475-2234 Fax: (585) 475-6292 Email: [scte@rit.edu](mailto:scte@rit.edu)

Please indicate which program you are applying for:

- |  |  |
|--|--|
| <input type="checkbox"/> Data Communication Certificate                    | <input type="checkbox"/> BS in Applied Arts and Science                      |
| <input type="checkbox"/> Voice Communication Certificate                   | <input type="checkbox"/> BS in Telecommunications Engineering Tech           |
| <input type="checkbox"/> Telecommunications Network Management Certificate | <input type="checkbox"/> MS in Telecommunications Engineering Tech           |
| <input type="checkbox"/> Video Communication Certificate                   | <input type="checkbox"/> Check here to be reviewed for graduate scholarships |

Please complete the following personal information:

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

Phone/Email: \_\_\_\_\_  
HOME PHONE WORK PHONE EMAIL

Date of Birth: \_\_\_\_\_  
MONTH/DAY/YEAR

Social Security:    -   -     Gender: M  F

Please indicate the calendar year and academic quarter that you plan to enroll:

Year: \_\_\_\_\_  Fall (September)  Winter (December)  Spring (March)  Summer (June)

Please fill in your 6-digit SCTE member number (if you are a member): \_\_\_\_\_

Please indicate which cable company you currently work for and your job title:

\_\_\_\_\_  
COMPANY JOB TITLE

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Please list all of the colleges, universities, and graduate schools that you have attended:

| Name of Institution, Location, and Major Field (including RIT) | Start Date<br>(Month/Year) | End Date<br>(Month/Year) | Date of<br>Graduation |
|--|----------------------------|--------------------------|-----------------------|
|  |                            |                          |                       |
|  |                            |                          |                       |
|  |                            |                          |                       |

Please list any undergraduate and/or graduate-level courses that you are currently completing or will complete before enrolling in the Cable College program:

| Course Title | Name of Institution |
|--------------|---------------------|
|              |                     |
|              |                     |
|              |                     |

### Work Experience/Personal Data

Please attach a current resume outlining full-time, part-time (including military service) as well as academic or professional honors, published works, and leadership roles.

### Signature Required

Your signature below indicates that all information contained in this application is complete, factually correct, and honestly prepared. Any misrepresentation of facts in your application may result in refusal or cancellation of admission at RIT.

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 SIGNATURE

DATE

#### Disclaimer:

If you choose to submit this form electronically, RIT and the Center for Multidisciplinary Studies will not be held responsible for any possible misuse or loss of information that may occur should the document be intercepted by a third party during the transfer. We do not anticipate there will be a problem, but feel that you should be aware of the possible risk. If you choose not to submit this application electronically, you may also submit the application by postal mail or fax.