

ASEP Application

General Motors Automotive Service Educational Program Southwest Tennessee Community College

Prospective Student Information

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number:

Home: _____

Business: _____

Cell: _____

E-mail Address: _____

How did you hear about GM-ASEP at Southwest?

Prior Education

High School graduate? Yes ____ No ____ Year of graduation: ____

G.E.D. completed? Yes ____ No ____

Have you attended another college? Yes ____ No ____

Name of College: _____

City: _____ State: _____

Other Educational Experience: _____

Work Experience

Place of employment (most recent): _____

Work Experience:

Driving History

Do you have a valid driver's license? Yes _____ No _____

Have you had any moving traffic citations during the past five years?

Yes _____ No _____

Release of Information

I hereby grant permission to Southwest Tennessee Community College to share all records concerning my participating in the GM ASEP program with General Motors and potential GM dealers.

Applicant's signature: _____ Date: _____

Return completed application to:
Southwest Tennessee Community College
Attn: Dale Railston, Fulton Building Room 316
5983 Macon Cove
Memphis TN, 38134-7693