

## **Application Correction Form**

Year:	Term: _	Student ID Number:
Student	t Last Name: <sub>-</sub>	Student First Name:
Upon co	ompleting an	Application for Admission for the above term, I made an error. Check all that apply.
	I answered y	res to the question below by mistake.
	Crimin	nal Background
	Do you have	e any pending felony charges, pled guilty to a felony, or been convicted of a felony?
	Yes	○ No
	I answered y	res to the question below by mistake.
	Tubercu	losis (TB) Screening
		nts intending to seek admission into East Central College must be screened for Tuberculosis (TB). ne following set of questions:
	Have you	ever been diagnosed with TB?
	Have you	ever been in contact with someone who has, or had, TB?
	Were you	u born outside the United States?
	<ul> <li>Have you</li> </ul>	engaged in frequent visits, prolonged visits, or military service outside the United States?
	<ul> <li>Have you</li> </ul>	been a volunteer or health care worker who served clients who are at an increased risk for active TB disease
	Check this	box if you answered YES to any question above.
	You will be red	quired to submit tuberculosis test results within the past 12 months from a provider in the United States.
	Other. Pleas	e explain.
Studont	t Signature:	Date:
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