



Welcome to Dixie Technical College. Please complete the items listed below and submit your application to the Student Services Department at Dixie Tech. *Incomplete Applications will not be accepted.*

### APPLY TO DIXIE TECHNICAL COLLEGE

- Dixie Technical College General Application and \$40 Application Fee
  - Complete online: go to [dixietech.edu](http://dixietech.edu) and click “Apply Now”

### APPLY TO THE AUTOMOTIVE TECHNICIAN PROGRAM

- Copy of High School Diploma or GED (unless current high school student)  
High school year eligible: Junior, Senior.
- Next-Generation ACCUPLACER placement test
  - Test may be waived with proof of qualifying ACT scores or equivalent college level course completion **taken in the past 2 years** (official transcript required for review).
  - Call Student Services to schedule. Cost is \$15 for all three sections or \$10 each.
  - The test may be taken at Dixie Tech a maximum of three times per subject per year.
  - See Program Requirements sheet for qualifying scores.
- Automotive Technician Application
- Drug Screen (12-panel): Call Student Services to schedule. The cost is \$25.
- Professional Goal Statement: In 300-500 words, describe your professional goals and how this program will help you achieve those goals. Statements should be typed and submitted to Student Services with your completed application.
- Bennett Mechanical Aptitude Test: Register for the aptitude test with the Cashier’s Office by providing your name and email address. You will be emailed a link to take the aptitude test and the results will be sent to the College. The cost is \$20.
- Adult or Minor Consent, Release and Acknowledgement
- Application Review: After successfully completing and submitting the above requirements, the College will perform an **Application Review** after which students will be emailed regarding their acceptance status.

While a background check may not be required as part of the admissions checklist, it is important to note that many Employers, and State and Federal Licensing Agencies require an individual to pass a background check. If you have questions or concerns please contact Student Services

Application Due Date:     **November 1<sup>st</sup> for January start date**  
  **April 1<sup>st</sup> for June start date**

Applications may be accepted after the due date if space is remaining.



Program	ADULTS - Diploma or GED	Arithmetic Accuplacer/ACT	Reading Accuplacer/ACT	Writing Accuplacer/ACT
AM STEM - Digital Media Design	Not required	Not required	Not required	Not required
AM STEM - EMT Basic	Not required	245/15	245/15	Not required
AM STEM - IT	Not required	Not required	Not required	Not required
AM STEM - Nursing Assistant	Not required	Not required	235/14	Not required
AM STEM - Pre-Engineering	Not required	Not required	Not required	Not required
Automotive Technician	Required	235/14	235/14	235/14
CNC Machining	Required	235/14	235/14	235/14
Collision Repair	Required	235/14	235/14	235/14
Commercial Driver's License	Required	235/14	235/14	235/14
Culinary Arts	Required	245/15	245/15	245/15
Diesel Technician	Required	235/14	235/14	235/14
Digital Media Design	Required	245/15	245/15	245/15
Drafting and Design	Required	245/15	245/15	245/15
Electrical Apprenticeship	Required	235/14	235/14	Not required
Emergency Medical Technician	Required	245/15	245/15	Not required
Advanced Emergency Medical Technician	Required	Waived with current EMT Basic certification		
HVACR Technician	Required	235/14	235/14	Not required
Industrial Automation Technician	Required	235/14	235/14	235/14
Information Technology	Required	245/15	245/15	245/15
Medical Assisting	Required	245/15	245/15	245/15
Medication Aide	Required	Not required	Not required	Not required
Nursing Assistant	Required	Not required	235/14	Not required
Operations Management	Required	235/14	235/14	235/14
Pharmacy Technician	Required	245/15	245/15	245/15
Phlebotomy Technician	Required	Not required	Not required	Not required
Plumbing Apprenticeship	Required	235/14	235/14	Not required
Welding	Required	235/14	235/14	235/14

*Accuplacer may be waived with proof of equivalent ACT scores or college classes with a 'B' grade or above taken within the past 2 years. Submit official transcripts to Student Services for evaluation. Students are allowed 3 attempts per subject per year at Dixie Tech.*







Contact: **Call for appointment** – Dixie Tech Student Services at 435-674-8400

Cost: Urine drug screen - \$25 payable to Dixie Tech

Location: Dixie Tech Student Services Security Office, Bldg. 3A-3

Required: **Photo ID**

**Receipt for payment of \$25**

Minors: **If you are a minor, your parent/guardian must accompany you or be available for contact at the time of the appointment.**

Results: Results will be available the same day.

If student completes the drug screening at another facility, results must be returned in a sealed envelope to Dixie Tech.

Drugs Tested For: Amphetamines, Barbiturates, Buprenorphine, Benzodiazepines, Cocaine, Synthetic Marijuana, Methamphetamine, Ecstasy/Molly, Morphine, Methadone, Oxycodone, Marijuana

If you take medication which will test positive for any of the above, bring your prescription with you at the time of testing



Name of Student \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Dixie Tech Student ID# \_\_\_\_\_

### **PHOTOGRAPHY/VIDEO CONSENT**

Occasionally, Dixie Tech may photograph/video students for use in catalogues and brochures and on its informational website.

- I hereby consent to the use of my name, photo, video and audio for the purposes of advertising and promoting Dixie Tech programs. I waive the right to approve any such publicity or promotional materials and understand that I will receive no compensation for my consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I do not want photographs/video of myself to be used for informational or promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MEDICAL TREATMENT/RELEASE OF LIABILITY**

I hereby agree as follows:

1. I understand there are potential risks of injury involved with participating in organized educational activities. I agree to assume all risk and responsibilities surrounding my participation in the College program and use of College facilities. I understand that I will be required to adhere to all safety policies and procedures of my enrolled program.
2. In the event that I am injured or ill and become medically unresponsive while participating in a College program and emergency medical treatment is necessary, I hereby consent to be transferred to a hospital emergency room to be seen by a physician. I hereby accept full responsibility for the payment of all costs incurred for such emergency treatment.
3. I hereby acknowledge and agree that Dixie Tech and its employees and agents are not responsible for the kind or quality of emergency medical treatment that I receive.
4. I, on behalf of myself and my heirs, legal representative and assigns, hereby release Dixie Tech, its officers, directors, faculty, staff, volunteers, employees and agents (collectively "Dixie Tech") from any present or future claim, cause of action, loss or liability for injury to person or property, related to participation in the Program and resulting from any incident or cause related to participation in the Program and resulting from any incident or cause, and to hold Dixie Tech harmless therefrom, including any claim for injury or loss caused to a third party.

This document shall be governed and construed under the laws of Utah. If any terms or provision of this release and hold harmless agreement shall be held illegal, unenforceable, or in conflict with any law governing this release and hold harmless agreement, the validity of the remaining portions shall not be affected thereby.

I acknowledge I have read the foregoing document carefully and understand its contents and significance.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Name of Minor Student \_\_\_\_\_

Phone# \_\_\_\_\_ Dixie Tech Student ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ High School \_\_\_\_\_

**REGISTRATION/PAYMENT/FEE ACKNOWLEDGEMENT**

As the parent/guardian of a high school student attending Dixie Tech, I understand that:

- The tuition for high school students is waived.
- **I am responsible to pay non-tuition charges such as class fees, subscriptions and textbooks.**
- The child must register and pay class fees by the **first scheduled day of each class** to avoid a **late fee** which will be charged according to the following schedule.

Past Due Balance	Late Fee	Past Due Balance	Late Fee
\$0.00 - \$50.00	\$5.00	\$50.01 - 100.00	\$15.00
\$100.01 - \$500.00	\$25.00	\$500.01 - \$1,000.00	\$35.00
\$1,000.00 +	\$50.00		

- The child is required to adhere to the Student Code of Conduct
- If I am on a payment plan, I must make my monthly payment by the 10<sup>th</sup> of each month to avoid a late fee.
- The child may be dropped from any courses, at the discretion of the school, if any payment is more than 30 days past due.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHY/VIDEO CONSENT**

Occasionally, Dixie Tech may photograph/video students for use in catalogues and brochures and on its informational website.

- I hereby consent to Dixie Tech's use of the child's name, photograph and/or video for the purposes of advertising and promoting Dixie Tech programs. I, on my own behalf and on behalf of the child, waive the right to approve any such publicity or promotional materials and understand that I or the child will receive no compensation for my consent.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

- I do not want photographs/video of my child to be used for informational or promotional materials.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE REQUIRED ON REVERSE**

## MEDICAL TREATMENT/RELEASE OF LIABILITY

In consideration of Child's participation in a Dixie Tech program, I hereby agree as follows:

1. I understand there are potential risks of injury involved with minors participating in organized educational activities. I agree, personally and on behalf of the minor Student named above, to assume all risk and responsibilities surrounding the child's participation in the College program and use of College facilities.
2. In the event the child is injured or becomes ill while participating in a College program, I authorize Dixie Tech to administer general first aid treatment for minor injuries or illnesses experienced by the child. If emergency medical treatment is necessary, I hereby consent to the transfer of the child to a hospital emergency room to be seen by a physician. I understand Dixie Tech will then contact me or my designated emergency contact at the telephone number(s) or email address(es) I have provided. I hereby accept full responsibility for the payment of all costs incurred for such emergency treatment for the child.
3. I hereby acknowledge and agree that Dixie Tech and its employees and agents are not responsible for the kind or quality of emergency medical treatment that the child receives.
4. I, on behalf of my child and our heirs, legal representative and assigns, hereby release Dixie Tech, its officers, directors, faculty, staff, volunteers, employees and agents (collectively "Dixie Tech") from any present or future claim, cause of action, loss or liability for injury to person or property, which the child may suffer, related to participation in the Program and resulting from any incident or cause, and agree to hold Dixie Tech harmless therefrom, including any claim for injury or loss caused by the child to any third party.

This document shall be governed and construed under the laws of Utah. If any terms or provision of this release and hold harmless agreement shall be held illegal, unenforceable, or in conflict with any law governing this release and hold harmless agreement, the validity of the remaining portions shall not be affected thereby.

I acknowledge I have read the foregoing document carefully and understand its contents and significance.

If Dixie Tech determines it is not in the child's best interest to return home unaccompanied, I, or my designated local emergency contact, will pick up the child in a timely manner. I certify that the local emergency contact I have designated is known to me and is 18 years of age or older.

Printed name of parent/guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_





Student Name (please print): \_\_\_\_\_

I.D. Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Program: \_\_\_\_\_

I hereby authorize Dixie Tech to release, discuss or share information contained in my College record with:

Family Member (Name & Relationship): \_\_\_\_\_

School Counselor: \_\_\_\_\_

Sponsoring Agency Case Worker: \_\_\_\_\_

Employer - Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_

I do not authorize Dixie Tech to release, discuss or share any information contained in my College record in accordance with the Family Educational Rights and Privacy Act (FERPA). I understand that I can rescind this in writing at any time by completing a Release of Information Authorization form containing my signature and the date of authorization.

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I understand that my student record will be held under strict confidentiality and will only be used for the stated purpose and reviewed by authorized Dixie Tech staff. I understand that I can rescind this authorization in writing at any time by notifying Student Services with a written notice containing my signature.

A photocopy or fax copy of this authorization shall be acceptable and considered as valid as an original signed document. I, as undersigned, acknowledge my understanding of this Release of Information Form. I further understand that this authorization is in effect until it is rescinded in writing.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIXIE TECHNICAL COLLEGE STUDENT SERVICES**

610 S. Tech Ridge Drive, St. George, UT 84770  
Phone (435) 674-8400 Fax (435) 674-8450