

Pre-Chemical Process Operator Fast Start #6 Application

Name: _____

Address: _____

Phone/Cell: _____

E-mail: _____

Submit the following:

	Resume
	Delta Students (Please provide student # and/or last four digits of social security number.)
	Transcripts for each school (Please List)
	Veteran (If yes, submit DD214.)
	WorkKeys Scores
	Applied Mathematics
	Reading for Information
	Locating Information
	Applied Technology
	Observation
	Teamwork

Submit all information for consideration by 5:00 p.m. July 22, 2010 to:

Pat Graves
Delta College, B-144
1961 Delta Road
University Center, MI 48710

Fax: 989-667-0620
E-mail: pagraves@delta.edu