



**Rochester**  
COMMUNITY AND TECHNICAL  
**College**

Catherine Davis  
Program Coordinator  
Box 50  
851 30th Avenue SE  
Rochester, MN 55904-4999  
Phone: (507) 529-6136  
Catherine.davis@roch.edu

**\*\*\*\* Applications Now Being Considered \*\*\*\***  
**\*\*\* New Starts \*\*\***

## Supervisory Management A.A.S. Program Application

**This application is for:** Associate in Applied Science (64 credits)  
(Includes three embedded Certificates- Supervisory Leadership,  
Quality/Continuous Improvement, Human Resource Development)

**Program start date:**  
 New Cohort 09 Starting - January 9, 2007  
 Human Resource Development Certificate - October 4, 2006 – May 30, 2007

**Delivery format:** Accelerated learning in a nontraditional format for core curriculum  
(40 credits) with established cohort

**Applicant profile:** Working adult committed to A.A.S. Degree completion in Supervisory  
Management

**Admission Requirements:** \* Minimum of 3 years adult working experience  
\* Currently working 20 hours or more per week

**To Ensure Proper Processing of Your Program Application:**

- Make sure the application is complete, signed, and dated.
- Return ASAP for priority consideration.
- Enclose a \$40 non-refundable holding fee to ensure priority consideration for acceptance. *(Note: the \$40 will be applied to tuition following acceptance into the program, check payable to RCTC)*
- Send program application to: Paula L. Theisen, SMGT Program Coordinator  
Address is on the back of the application form

**PERSONAL DATA: Please print or type**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Stinger ID or SSN

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City State Zip Code

Work Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ (if available)

**EMPLOYMENT HISTORY:** Start with most recent work experience. Attach resume if available.

	From Month/Year	To Month/Year	Total Months	Employer Name	Position/Title or Brief Description
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I certify that the information I have provided on this application form and in all other admission application materials is complete, accurate and true to the best of my knowledge. I understand that an employer verification and commitment statement will be required prior to my acceptance into the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return this application to:

**Catherine Davis,  
SMGT PROGRAM COORDINATOR  
RCTC BOX #50  
851 30th AVENUE SE  
ROCHESTER, MN 55904**

**THANK YOU !!**