



CAPITAL COLLEGE

1980 Gallows Rd. • Tysons Corner, Virginia 22182
(703) 356-9898 • (703) 356-4422
www.CapitalCollegeVA.com

Office Use Only
Date Recvd: _____
Initials: _____
Approved _____

Phlebotomy Program Application Form

Applicant Information:

Full Name: _____
(Last) (First) (Middle)

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____
(Street)

(City) (State) (Zip Code)

Phone: _____ E-mail: _____

Academic Background:

Check One:

- High School Diploma: _____
(Name of High School) (City/State)
- GED/ high school equivalency earned
- Undergraduate: _____
(Name of College) (City/State)

* Official copy of High School Diploma must be submitted with the application.
* Official College Transcript will be accepted in lieu of a High School Diploma.

Attestation and Signature

I hereby apply for admission to Capital College. I certify that the information provided above is correct and complete. I understand that in the event that the information I provided above is false, my application will be disqualified and acceptance into the program invalidated. If accepted into the program, I understand that I must comply with all policies and regulation of the program.

(Signature) (Date)

Please note: An application fee of US \$100.00 (domestic) or \$200.00 (international) must be submitted with this application. Acceptable method of payments include: Personal Check, Money Order, and Cashier's or Bank Check. Please make checks or money order payable to *Capital College*.

Please send this completed Phlebotomy Program Application Form and Application Fee to:

Capital College
Admissions Office / Phlebotomy Program
1980 Gallows Road
Tysons Corner, Virginia 22182
USA
Fax: (703) 356-2460
E-mail: info@CapitalCollegeVA.com