



Animal Welfare Assistant Program Application

Name: _____
First Name Middle Initial Last Name

A Number (student id): _____

Mailing Address: _____
Number Street Apt. #

City State Zip Code

Telephone: Home: (_____) _____ **Work:** (_____) _____

Email Address: _____

Date of Birth: ____ / ____ / ____ **Gender:** _____ **Male** _____ **Female**
Month Date Year (XXXX)

<i>Course Title</i>	<i>Semester Completed</i>	<i>Verified (for office use only)</i>

Fill out this form, print and mail completed application to:
St. Louis Community College
Office of Continuing Education
Attention: Animal Welfare Assistant Program
3221 McKelvey Road, Suite 250
Bridgeton, MO 63044

Or you may save the form and submit via email:

[Submit via email](#)

If you have questions about the Program Completion Application, please call 314-984-7777.

Upon successful completion and transcript review, your award of completion will be mailed to your address within one month of application receipt.