

DEALER APPROVAL FORM

APPLICANT NAME: _____

I am applying for admission to the **ASEP** partnership program at Southeast Community College. I understand I must successfully complete coursework through Southeast Community College in order to maintain my eligibility for the co-operative requirements at my partnering dealership. I also understand the College must communicate relevant information about my academic progress with my dealership to insure I remain eligible to complete this partnership program.

I hereby grant permission to Southeast Community College to share copies of any transcripts, pre-admissions test results, interview data, college grades, attendance information, academic progress reports and student account statements with my sponsoring dealership and their related corporations or companies.

* Applicant: Please submit this form to the college after the interview.

Student Signature

Date

DEALER INTERVIEW: Discuss the following subjects with the applicant. Satisfy yourself that the applicant meets your standards.

1. **EDUCATION & EXPERIENCE:** Every applicant will have a unique background. Prior training or experience is not essential for success in **ASEP** but may be valuable in certain instances.
2. **SCHOLASTIC APTITUDE:** Review the applicant's potential to complete the academic work required for graduation. This can be determined by interview, testing and consultation with the college or high school.
3. **COMMITMENT:** **ASEP** is approximately two years in length. The **ASEP** student must make an honest commitment to complete all required courses.
4. **EMPLOYABILITY:** The applicant should be viewed as seeking permanent employment. **ASEP** will help you train your future technician. Is this person someone you could employ full-time once the required skills are learned?
5. **CAREER INTEREST.** The applicant should express a strong desire to be a professional automotive technician. Are his/her goals consistent with the dealership's needs for the next few years?

DEALER APPROVAL: I recommend this applicant for the **GM Automotive Service Educational Program** and agree to provide sponsorship.

Dealer/Authorized Representative

Title

Dealership

Telephone

Dealership Address

City/State

Zip

Date

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APPLICANT NOT RECOMMENDED FOR SPONSORSHIP

Dealer/Authorized Representative

Title

Dealership

Date

Send to:
ADMISSIONS OFFICE
SOUTHEAST COMMUNITY COLLEGE
MILFORD CAMPUS
600 STATE STREET
MILFORD, NE 68405-8498

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- Approved for entry into ASEP at Southeast Community College-Milford Campus
 - Alternate (will be notified if space in class becomes available)
 - Not accepted _____
 - Applicant and sponsoring dealer have been notified of the applicant's status.
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FOR COLLEGE USE ONLY

Student Notified
GMTC Notified
