Application for Admission

CULTIVATION FUNDAMENTALS

Jefferson College Workforce & Employment Services • 1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 481-3223 • TDD (636) 789-5772 • www.jeffco.edu

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<th>CURRENT ADDRESS</th>
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Do you have a high school diploma? Yes ____ No ____ HiSET Yes ____ No____ Please attach copy with application. Note: Some employers may require a high school diploma or equivalent for employment.

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<th>HOME PHONE NUMBER</th>
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It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.
The Essential Functions of Cultivation Fundamentals

This course prepares students to cultivate and harvest medical cannabis in the state of Missouri. Topics include Planting, pruning, harvesting, curing, trimming, and storage of the plant, flowers, or products.

I UNDERSTAND THAT UPON SUCCESSFUL COMPLETION OF THE PROGRAM INCLUDING STUDENTS SHOULD LEARN THE OBJECTIVES BELOW AND BE PREPARED FOR A POSITION AS A CULTIVATION AGENT.

Students will be required to possess a medical cannabis card or show proof of employment in a dispensary or farm.

Due to the current status of federal law related to marijuana, participation in this program could have a potential impact on any immigration or visa process in which the participant is involved. If you are not a U.S. citizen or presently in the United States on a visa, please consult with an immigration attorney regarding the possible effects of participating in this program

Cultivation learning objectives include:

- How to set up and run a consistent environment that will facilitate the growth of seeds/clones, vegetative plants, and flowering plants through their entire cycle
- How to produce quality cannabis flowers to use in a variety of assimilation methods
- Covering planting, pruning, harvesting, curing, trimming, and storage of the plant, flowers, or products.
- Standard operating procedures

I have read the above statements and answered all questions to the best of my knowledge,

__________________________________________________________  __________________________
Signature of Applicant                                      Date
Please complete the following:

1) Do you have sufficient access to a personal computer/internet to complete course requirements?  □ Yes □ No
   If no, how do you plan to complete this course?
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

2) Are you proficient:
   a. using a personal computer?  Yes ___ No ___
   b. in Microsoft Word?  Yes ___ No ___
   c. In Microsoft Excel?  Yes ___ No ___

3) Are you being sponsored by an employer to attend this course?  □ Yes □ No
   Name and phone number of Employer: ____________________________

EMERGENCY INFORMATION

Emergency Contact: ____________________________  Phone #: ____________________________
Physician: ____________________________  Phone #: ____________________________
Allergies: ___________________________________________________________________________________________

Please make sure that all sections of this application are complete with accurate up-to-date information.

I have read the above statement and have answered to the best of my knowledge,

___________________________________________________________  ______________________________
Signature of Applicant                                            Date