

(Please print legibly in blue or black ink)

# APPLICATION for ADMISSION

## CONTACT INFORMATION

Legal Last Name		Legal First Name		Middle	Previous Maiden/Last Name	
Social Security Number		(Social security number requested for purposes of financial aid, federal income tax benefits, provision of some college services, accuracy of student records and other business purposes.)			Date of Birth	
					(MM)   (DD)   (Year)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Email						
Mailing Address	Number & Street		Apt. #	City		State   Zip
	Number & Street		Apt. #	City		State   Zip
Permanent Address	Number & Street		Apt. #	City		State   Zip
	Number & Street		Apt. #	City		State   Zip
Phone Numbers	Cell Phone		Home Phone		Work Phone	
	( ) -		( ) -		( ) -	

## ATTENDANCE & APPLYING

Have you previously attended this college?

Yes  No

If yes, when?

Have you previously attended a CT Community College?

Yes  No

If yes, where?

Are you transferring from another college?

Yes  No

For which semester are you applying?

Fall (Aug-Dec)

Spring (Jan-May)

Winter (Dec-Jan)

Summer (May-Aug)

Summer continuing into fall

Year

## FAMILY EDUCATIONAL BACKGROUND

Check the category that applies to your parent(s) or guardian(s):

Neither attended college

One or both attended college but did not earn a degree

One or both earned an associate degree

One or both earned a bachelor's degree or higher

## ETHNICITY/RACE

This information is requested on a voluntary basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect admission to or registration in the college.

Do you consider yourself to be Hispanic/Latino?

Yes  No

What is your race? (Select one or more)

White (10)

American Indian or Alaskan Native (50)

Black or African American (20)

Native Hawaiian or Other Pacific Islander (80)

Asian (45)

## CITIZENSHIP

Are you a United States citizen?

Yes  No

If no, are you a permanent resident? (green card holder)

Yes  No

## IN-STATE TUITION

Out-of-state students may be eligible for a reduced tuition rate through the NEBHE program. For details, see the college catalog or website.

1. Are you eligible for in-state tuition because you have continuously resided in Connecticut for at least one year and Connecticut is your permanent home?

Yes  No

2. If "No," can you claim and demonstrate through documentation that you are eligible for in-state tuition?

Yes  No

3. Check here if applying under the New England Regional Student program (NEBHE).

NEBHE

If you answered "Yes" to question #2 or checked question #3, you must submit a "Declaration of Eligibility for In-State or NEBHE Tuition" for review and determination of eligibility.

## MILITARY STATUS

Are you currently on active duty with the U.S. Armed Forces? (ACTD)  Yes  No

Are you currently a member of the National Guard or Reserve? (NGRE)  Yes  No

Have you ever served in the U.S. Armed Forces? (VETI)  Yes  No

Are you a dependent of a member of the U.S. Armed Forces? (VETD)  Yes  No

If you answered "Yes" to any of these questions, you may be entitled to benefits and should meet with the college's Veterans Certifying Official (VCO).

Received Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Type \_\_\_\_\_

Application Fee Paid  Yes  No

Credit/Debit Card

BANNER @ \_\_\_\_\_

Entered By \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Admit Type \_\_\_\_\_

Entered Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Money Order \_\_\_\_\_ Waived \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY

## EDUCATIONAL GOAL

Check only one

- |  |  |
|--|--|
| <input type="checkbox"/> Developmental (college prep) education (DV) | <input type="checkbox"/> Earn associate degree, then transfer (DT) |
| <input type="checkbox"/> English skills (ESL) (ES)                   | <input type="checkbox"/> Personal development course(s) (PD)       |
| <input type="checkbox"/> Certificate - undergrad credit (CT)         | <input type="checkbox"/> Job preparation/retraining course (JB)    |
| <input type="checkbox"/> Fulfill other college's requirement (AC)    | <input type="checkbox"/> Job promotion (JP)                        |
| <input type="checkbox"/> Transfer without an associate degree (DN)   | <input type="checkbox"/> Unsure at this time (UN)                  |
| <input type="checkbox"/> Associate degree (DG)                       | <input type="checkbox"/> Goal not listed (NL)                      |

## PREVIOUS COLLEGES ATTENDED

College/University Name		State
Dates of Attendance	Graduation Date	Degree Awarded

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## INTERNATIONAL STUDENT INFORMATION

Are you an international student who needs an I-20 form for an F1 Visa?

- Yes  No

Other Visa Holder (indicate type)	Visa Start Date
Visa Admission Number	Visa End Date
International Address	

## COMMUNICATION & CONSENT

### Email Communications

I request the college forward me any initial correspondence to the email address I have provided, including personally identifiable information pertaining to me from college records protected by FERPA.

### Consent for the Disclosure of Education Records

I understand that to maintain accurate student records, including the records pertaining to my attendance at the college, and for other necessary business purposes, the college may need to release or provide access to personally identifiable information in its records pertaining to me to another college in the CT Community College System or to the system's administrative office. Accordingly, I hereby authorize the college to release or allow access to such information to those indicated for the purposes described.

Signature
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## INTENDED PROGRAM OF STUDY

In which degree/certificate program do you plan to enroll? (use attached list)

Primary Major	Code
Secondary Major (optional)	Code

## HIGHEST EDUCATIONAL LEVEL ACHIEVED

Check only one

- |   |  |
|---|--|
| <input type="checkbox"/> No high school diploma or GED (01) | <input type="checkbox"/> Master's degree (09)                              |
| <input type="checkbox"/> High school diploma or GED (02)    | <input type="checkbox"/> Other advanced degree (10)                        |
| <input type="checkbox"/> Some college (06)                  | <input type="checkbox"/> Doctoral degree (11)                              |
| <input type="checkbox"/> Undergraduate certificate (05)     | <input type="checkbox"/> First professional degree (JD, MD, DDS, LLB) (12) |
| <input type="checkbox"/> Associate degree (07)              | <input type="checkbox"/> Sixth-Year certificate (13)                       |
| <input type="checkbox"/> Bachelor's degree (08)             |  |

## ACADEMIC BACKGROUND

Do you have a high school diploma?

- Yes  No  Pending

Name of High School	
City/State	Country

Have you passed the high school equivalency exam GED, TASC, HISET? (070997)

- Yes  No

Year	Town/State
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Are you a home school graduate? (100001)

- Yes  No

Grad Year	Town/State
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**Please submit a copy of your final official high school transcript or equivalency credential.**

Have you participated in the High School Partnership Program through the CT Community Colleges?

- Yes  No

Have you taken courses at your high school and earned college credit? (concurrent enrollment)

- Yes  No

Signature
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I certify with my signature below that I am the applicant and that the information I have provided above is accurate. If admitted, I pledge to comply in good faith with all the rules and regulations of the college. I realize that any misleading information provided by me on this application may be cause for dismissal. I understand that information collected in this application is for reporting purposes only and will not be used in the selection process for admission.

Signature	Date
Parent/Guardian Signature (if under 18)	Date