



# APPLICATION FOR ADMISSION

PRINT CLEARLY in ink

Campus I plan to attend:

Entry Term:  Fall  Spring  Summer

Eastern  Metropolitan  Western  Westshore

Year \_\_\_\_\_

Social Security Number:  
(or previously assigned Student Number)

\_\_\_\_

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\_\_\_\_

Legal Name:

\_\_\_\_ Last First Middle Former

Permanent Home Address:

\_\_\_\_ Number and Street Apt #

\_\_\_\_ City State ZIP Code County (eg: Cuyahoga, Summit, etc.)

Mailing Address:

\_\_\_\_ (If different from above) City State Zip Code Apt #

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Have you lived at your current home address for the last 12 months?  Yes  No

Office use

\_\_\_\_

If "no", please fill out residency information below including where you have lived for the past 12 months:

<b>RESIDENCY INFORMATION</b>	Street	City	State	County	From mm/dd/yy	To mm/dd/yy	<b>RESIDENCY INFORMATION</b>	
	Are you employed in Cuyahoga county? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not employed							
	If you are a dependent, is your spouse / parent / legal guardian employed in Cuyahoga county? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Firm Name: _____ Phone Number: ( ) _____ ext: _____							
Business Address: _____								
		Number and Street	City	State	ZIP Code			
This information will be used to determine your residency status. If additional information is needed to determine your status, you will be required to present evidence. The burden of proof to clearly demonstrate residency lies with the student.								

Gender:  Female  Male Date of Birth (month/day/year):

m m d d y y

1. What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

2. What is your race?  American Indian or Alaska Native [NAM]  White [WHT]  Black or African-American [BLK]  Native Hawaiian or Pacific Islander [PAC]  Asian [ASN]  Other [OTR] \_\_\_\_\_

*Mark one or more races to indicate what you consider yourself to be.*

Citizenship:

(Y) U.S. Citizen Country of Birth: \_\_\_\_\_ (if not U.S.A.) Country of Citizenship: \_\_\_\_\_

Non-Citizen Visa type: \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Permanent Resident Alien reg: \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Emergency Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Planned course of study: Select the alpha-numeric code that best fits your area of interest from the Major Codes list

\_\_\_\_

List the 4-digit code:

FOR OFFICE USE ONLY	Col	____	Deg	____	____	____	____
	Mjr	____	Dept	____	____	____	____

- (D G N) First time college student enrolling for credit classes (Includes auditing a credit class).
- (R) Returning Tri-C student. Last date you attended \_\_\_\_\_
- (X) Transfer (Previously attended another college or university).
- (T) Transient (This term only, with permission of home college or university).
- (A) Only non-credit classes (Does not include auditing a credit course).
- (S) Program 60 (Ohio resident 60 years or older, to audit credit courses).

Student Type:

Please print your legal name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

U.S. Military Service Veteran:  Yes  No

Selective Service (To be completed by all males): Selective Service Number: \_\_\_\_\_

To register on-line or for on-line verification of registration: www.sss.gov

Registration Information Office: 1-888-655-1825

**NOTICE:** Under section 3345.32 of the Revised Code of the State of Ohio, if you are a male age 18 through 25, you are required to complete this information. Failure to do so will prohibit you from registering for classes. If you have not registered for selective service, you must indicate below the reason you are not required to register.

I certify that I am not required to be registered with Selective Service, and I qualify for exemption for the following reason:

- I am with the armed forces of the United States **excluding** training in a reserve or national guard unit.
- I have not reached my 18th birthday.
- I am 26 years of age or older.
- I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands and I am not a citizen of the United States.
- I am a nonimmigrant alien lawfully in the United States in accordance with Section 101(A)(15) of the "Immigration and Nationality Act" U.S.C. 1161, as amended.

**Educational Goal at Tri-C** Please enter **one** code from below to indicate educational goal at Tri-C

*Educational Codes*

- (01) To obtain an associate degree for the job market
- (02) To obtain an associate degree then transfer to a four-year college or university
- (03) To obtain a certificate
- (04) To transfer to a four-year college or university before completing a degree or certificate
- (05) To train for a new career by taking only selected courses
- (06) To upgrade skills for current job by taking only selected courses
- (07) To obtain knowledge for personal interest
- (08) To obtain GED
- (09) To prepare for college courses
- (10) To complete a single course

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**Highest Previous Education Level** (Check only one):

<input type="checkbox"/> (00) no high school diploma or GED	<input type="checkbox"/> (01) high school graduate
<input type="checkbox"/> (02) GED	<input type="checkbox"/> (03) certificate
<input type="checkbox"/> (04) 4-year degree	<input type="checkbox"/> (05) some college
<input type="checkbox"/> (06) master's degree	<input type="checkbox"/> (07) post-graduate work
<input type="checkbox"/> (08) doctoral degree	

I will enroll as a:  Full Time Student (at least 12 credits each term)  Part Time Student (less than 12 credits each term)

Did either of your parents earn a 4-year (Bachelor's) Degree?  Yes  No

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High School you currently attend or last attended:

Name of high school: \_\_\_\_\_ City & State/Country: \_\_\_\_\_

Graduation date (month/day/year): 

m	m	d	d	y	y
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 If you did not graduate, did you receive a GED?  Yes  No

GED Date (month/day/year): 

m	m	d	d	y	y
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**Colleges or Universities** you have attended or are currently attending (list most recent first): *For transcript mailing procedure, see "Full-Time Admission" instructions.*

Institution	City & State of Country	Dates Attended (from/to)	Degree(s) earned	FOR OFFICE USE ONLY

**Directory Information:** The College may disclose Directory Information (i.e. student name, mailing address, program of study, enrollment status, dates of attendance, degrees, awards and honors, and the following for athletes only: previous educational institutions attended, weight, height, student's photograph, date and place of birth) to publicize student involvement in College-related activities without prior consent to you. Students may request this information be kept confidential by completing a Confidentiality Request Form in any Enrollment Center office.

**E-mail address:** *Please be advised, you will be issued a Tri-C e-mail account* Please check type of e-mail address:  (E-1) Home  (E-2) Business  (E-3) College

- > By signing and dating this application, I certify that the information I have provided hereon is complete and correct in every respect.
- > I understand that falsifying any part of this application may result in cancellation of admission.
- > I agree to abide by the policies, rules, and regulations of Cuyahoga Community College.
- > I will bear full responsibility for any consequences resulting from my failure to promptly report a new address or change in name.

**This application and all supporting documents become the property of Cuyahoga Community College and will not be returned to you or forwarded to another institution.**

**Legal Signature (Required for processing):** \_\_\_\_\_ **Date:** \_\_\_\_\_