

Student Admission Application

Check the box in front of the college to identify where you plan to attend.

□ Chandler-Gilbert □ Estrella Mountain □ Gateway □ Glendale □ Mesa □ Paradise Valley □ Phoenix □ Rio Salado □ Scottsdale □ South Mountain

| AP | PLICATION INFO | RMATION | | |
|--|------------------------------------|--|---|--|
| Student ID# | Term of Enro | ollment: □ Fall □ Sp | ring 🗆 Summer Year | |
| Legal Name | | | | |
| First | Middle | | Last | |
| Date of Birth Legal Sex | (□ Female □ Male □ Other | | | |
| MM/DD/YYYY Gender Identity | / □ Man □ Woman □ Trans | male/trans man 🗖 Tr | ans female/trans woman | |
| SSN # Genderqueer/Gender non-conforming \(\) Other Identity Your Social Security Number (SSN#) will not be used as your primary student identification number and will be | | | | |
| kept confidential. Individuals that wish to gain full access to Maricop | Your Social Security Number | (SSN#) will not be used | as your primary student identification number and will be oth the Social Security Number and date of hirth. Students | |
| should be aware that a correct Social Security Number must be on file aid, and veteran administration benefits. | e for reporting information pert | aining to potential tax ci | edit, and must be used by applicants for federal and state | |
| | CONTACT INFORM | | | |
| Address | | | Apt# | |
| City | State | | Zip | |
| Telephone Number Home | | Cellular | | |
| ☐ By checking this box,I give permission to the Maricopa Community this form. NOTE: All students and employees are enrolled in the text-people on campus/sites via text-message, please be sure to provide yo | -message ALERT notification sys | | | |
| Email Address Home | | Other | | |
| | | | | |
| | | ASSIFICATION* 02.01, 15-1803, a person wh | o is not lawfully present In the United States is not entitled to | |
| admissions/enrollment services staff upon request. Applicants for reside assessed nonresident tuition. Any student who falsifies Information used college and/or criminal action. Refer to www.maricopa.edu/residency or t | to establish residency for tuition | purposes shall be required | | |
| □ US Citizen | | | | |
| ☐ Permanent Resident: Alien Registration# | | | | |
| ☐ Refugee or Asylee: Alien Registration# | | | | |
| ☐ Foreign Non-immigrant with Visa: Country of Citi | zenship | Spec | ify Visa type | |
| Alien Registrat | tion/I-94 Number | | | |
| ☐ Lawful Presence Otherwise Documented: Specify | document(s) | | | |
| ☐ AZ Department of Motor Vehicle License or AZ Ph | oto ID Number: | | | |
| ☐ Does not Apply: I am not requesting in-state tuition | on (skip this section) | | | |
| DEM | IOGRAPHIC INFO | RMATION | | |
| | RACE/ETHNICITY* | | | |
| Ethnicity | Primary Y/N | Percentage | Ethnic Group/Tribe | |
| Hispanic/Latino: | | | | |
| American Indian/Alaska Native: | | | | |
| Asian: | | | | |
| Black or African American: | | | | |
| Native Hawaiian or other Pacific Islander: | | | | |
| White: | | | | |
| Voluntary information used to comply with Federal Reporting and | has no effect on admission to | the college. This infor | mation will not be used for any discriminatory purpose | |
| | | - , | | |
| Information Release - FERPA | | | | |
| Do you give permission for the college to release dir | ectory information rela | tive to your enroll | ment (as per the Family Education Rights | |
| and Privacy Act of 1974)? □ Yes □ No | | | | |

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit http://www.maricopa.edu/non-discrimination.

| PREVIOUS EDUCATION PREVIOUS College (check highest level completed) Associate Degree Bachelor Degree Master Degree DNo College or University Some College while enrolled in HS Some College High School Status (check one book) High School Status (check one book) High School Diploma | e |
|--|----------------------------|
| High School Diploma High School Name State Completion Date State Currentry Enrolled High School Name State Expected Completion Date State Expected Completion Date High School Name State Expected Completion Date State Expected Completion Date High School Name State High School Name State Expected Completion Date High School Name State Expected Completion Date High School Name State Expected Completion Date High School Name State High School Name High School Name Expected Completion Date High School Name Hi | letion Date |
| □ GED Certificate | letion Date |
| □ Currently Enrolled □ High School Name □ State Expected Completion Date □ Hone Taught □ No diploma or GED and under age 18 □ No diploma or GED and over age 18 FIRST GENERATION COLLEGE STUDENT Have either of your parents completed a Bachelor's Degree? □ Yes □ No LANGUAGE BACKGROUND What is your current primary language? □ What is your current member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ No □ Am a dependent of a member of the US Armed Forces □ Yes □ No □ Am a dependent of a member of the US Armed Forces □ No □ Am a dependent of a member of the US Armed Forces □ No □ Am a dependent of a member of the US Armed Forces □ No □ Am a dependent of a member of the US Armed Forces □ No □ Am a dependent of a | |
| No diploma or GED and under age 18 | |
| FIRST GENERATION COLLEGE STUDENT Have either of your parents completed a Bachelor's Degree? | |
| Have either of your parents completed a Bachelor's Degree? | |
| What was your first language? | |
| MILITARY Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces Yes No I am a current member of the US Armed Forces Yes No I am a dependent of a member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a former member of the US Armed Forces Yes No I am a dependent of a member of the US Armed Forces No I am a former member of the US Armed Forces No I am a dependent of a member of the US Armed Forces No I am a dependent of a member of the US Armed Forces No I am a former member of the US Armed Forces No I fail to comply with the above, I understand that I am prohibited from parking on college property and my vehicle is su expense. I do not park on campus vehicle is su expense. I do not park on campus vehicle is su expense. I do not park on campus vehicle is su expense. I do not park on campus vehicle is su expense. I No I no, what state? No I no | |
| MILITARY Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces or a dependent of a member of the US Armed Forces or a dependent of a member of the US Armed Forces or No | |
| Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the If yes, select all that apply: Iam a current member of the US Armed Forces | |
| Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the If yes, select all that apply: Iam a current member of the US Armed Forces | |
| Tam a current member of the US Armed Forces Yes No Iam a dependent of a member of the US Armed Forces Yes No Iam a former member of the US Armed Forces Yes No Iam a former member of the US Armed Forces Yes No Iam a former member of the US Armed Forces Yes No WEHICLE EMISSIONS AGREEMENT In accordance with Arizona Statutes 15-1444 and 15-1449, I hereby certify that my vehicle as required by Aria 49-542 has passed a vehicle emission test. I also understand that false certification of this affidovit constitutes a classification of the Individual of the Arizona of the Individual | :he US Armed Forces? |
| VEHICLE EMISSIONS AGREEMENT In accordance with Arizona Statutes 15-1444 and 15-1449, I hereby certify that my vehicle as required by Arizona, If I fail to comply with the above, I understand that I am prohibited from parking on college property and my vehicle is su expense. □ I acknowledge the above statement □ I do not park on campus RESIDENCY Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the I Community College Governing Board. Will you reside In Arizona at the time of attendance? □ Yes □ No If no, what state? □ What date did your present stay in Arizona begin? Month □ Day □ Year □ In what Arizona county do you reside? If Maricopa, what date did you move to this county? Month □ Day □ Year □ What Arizona county did you reside in prior to moving to Maricopa County? □ Are you seeking admission under special Admissions Programs (Western Undergraduate Exchange or Rio Military)? □ Year useeking admission under special Admissions Programs (Western Undergraduate Exchange or Rio Military)? □ Year □ Fyes, In which state do you currently reside? □ Personal interest □ Current high school student taking courses (dual or concurrent enrollment) □ Take courses for job skills (do not intend to earn a degree/certificate □ Earn a degree/certificate for transfer to another college or university □ Take courses to transfer (do not Intend to earn a degree/certificate Earn a degree/certificate to enter or advance in the job market ■ CAADEMIC PLAN | |
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| What date did your present stay in Arizona begin? Month Day Year | |
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| What Arizona county did you reside in prior to moving to Maricopa County? Are you seeking admission under special Admissions Programs (Western Undergraduate Exchange or Rio Military)? If yes, In which state do you currently reside? EDUCATIONAL PLAN Select a primary reason for attending this college: Current high school student taking courses (dual or concurrent enrollment) Current university student taking courses to meet university requirements Current a degree/certificate for transfer to another college or university Take courses to transfer Current a degree/certificate to enter or advance in the job market ACADEMIC PLAN | |
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| Earn a degree/certificate to enter or advance in the job market (do not Intend to earn a degree/certificate ACADEMIC PLAN | ē) |
| ACADEMIC PLAN | |
| | 2) |
| | |
| | |
| □ Degree Name: Code: □ Certificate Name: | Code: |
| REQUIREMENTS AND DISCLOSURES | |
| □ I acknowledge that I have read the Maricopa Tuition and Fees Policy and the Maricopa Refund Policy. I understand that I am responsible | e for all tuition and fees |
| related to my enrollment in the Maricopa Community Colleges. ☐ If you are a student under the age of 18, additional permission will be required by a parent or guardian to enroll in courses, and accept re and fees. Prior to enrollment in classes, please contact the Admissions, Records and Registration office at the institution you are interested | responsibility for tuition |
| the necessary consent. I swear under penalty of perjury that the document(s) I will submit to determine lawful presence in the United States are true and the in the form Is true and complete. I certify that the answers on this application are true, correct, and complete. | |
| | |
| Signature of Student Date | |

ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACT'S PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.

For crime statistics reported under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit www.marlopa.edu/safety Policies can be found online through www.marlcopa.edu or you may request a copy from Admissions and Records.