



Curricular Programs Application for Admissions

Return to: Student Services, Roanoke-Chowan Community College
109 Community College Road, Ahoskie, NC 27910-9522
phone (252) 862-1200 * fax (252) 862-1355
rsaxby@roanokechowan.edu

NOTICE TO STUDENTS: The information you provide on this form will be placed in your master file. If any of this data changes, please notify the Admissions Office immediately. Information on race and sex is requested for data gathering purposes only. Answer all questions completely and accurately. Incomplete forms may cause delay in acceptance.

RCN: _____
(Residency Certification No)

Full Legal Name _____
last first middle/former

Mailing Address _____
street/po box/route city state zip

Home Telephone: (____) _____ Cell: (____) _____
area code number area code number

County of Legal Residence: _____ E-mail Address: _____

Gender: _____ Male _____ Female Birthdate: _____
month day year

Ethnicity: _____ Race: Select one or more of the following racial categories
Are you Hispanic or Latino? _____ AN - American/Alaska Native _____ HP - Hispanic/Pacific Islander
_____ Yes (HIS) _____ AS - Asian _____ WH - White
_____ No (NHS) _____ BL - Black or African American

Have you lived outside of North Carolina in the last 12 months? _____ Yes _____ No
If yes, previous state of residence _____ Dates in previous state: _____

U.S. Citizen: _____ Yes _____ No
If not a U.S. Citizen, complete the following:

Country: _____
Resident Alien Card Number _____ Issue Date: _____ Expiration Date: _____
Non Immigrant VISA Type _____ Issue Date: _____ Expiration Date: _____

Enrollment Status: _____ Freshman (F) _____ Transfer (T) _____ Returning (R)
Date(s) attended _____
Name used _____

Military Status: _____ Active Duty Military _____ Military Dependent _____ Veteran - What Chapter, if known: _____

Employment Status: _____ Retired (R) _____ Unemployed - not seeking employment (UN)
_____ Unemployed - seeking employment (US) _____ Employed 1 - 10 hours per week (E1)
_____ Employed 11 - 20 hours per week (E2) _____ Employed 21-39 hours per week (E3)
_____ Employed 40 or more hours per week (E4)

Expected term and year of enrollment: _____ Fall _____ Spring _____ Summer Year _____

Do you plan to be a _____ full-time student (12+ credit hours) or _____ part-time student (less than 12 credit hours)



Educational Information

Long-Term Goal at R-CCC (Check only one):

☐ Obtain Degree, Diploma, or Certificate (GR)

☐ Personal Enrichment (PE)

☐ Enhance New Employment Skills (EN)

☐ Transfer to another College (TR)

☐ Enhance Present Employment Skills (EP)

☐ Goal Unknown (GU)

Name of High School Last Attended: _____ City/State: _____

High school track - for high school graduation 1993 and after (Check only one):

☐ college prep (CP) ☐ general prep (GP) ☐ tech prep (TP) ☐ both college/tech prep (CTP) ☐ vocational prep (VP)

☐ I am currently enrolled in high school

Expected Graduation Date (mm/dd/yyyy): _____

☐ I have graduated from high school

Graduation Date (mm/dd/yyyy): _____

☐ I did not graduate

Last Date of Attendance (mm/dd/yyyy): _____

If you did not/will not graduate from high school, complete the following:

☐ I received an Adult High School Diploma _____
School City/State Date Received

☐ I received the GED _____
School City/State Date Received

List ALL colleges attended after high school (DO NOT INCLUDE CONTINUING EDUCATION)

Name City/State Degree Awarded Dates of Attendance

Highest Grade Completed: ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 (Adult High School)
☐ 14 (One-year diploma) ☐ 15 (associate degree) ☐ 16 (bachelor degree) ☐ 17 (master degree or higher) ☐ GED

The Admissions Office must receive official copies of high school and college transcripts, GED, or Adult High School Diploma before you may register for classes. To be considered official, transcripts must be received directly from the institution. All transcripts become the property of Roanoke-Chowan Community College and cannot be returned to the student or photocopied.

IN CASE OF EMERGENCY, PLEASE NOTIFY

Contact Name: _____ Relationship: _____

Home Phone: _____ Work Telephone: _____

I hereby certify that the information I have given is true to the best of my knowledge. I further understand that falsification or failure to supply the correct information may result in disciplinary action including denial of admission or dismissal after admission.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is under 18)

Date



DFC; F5A GC: GH 8M

ASSOCIATE DEGREE (Two-Year Programs)

- ___ Air Conditioning, Heating, & Refrigeration Tech (A35100)
- ___ Associate in Arts (A10100)
- ___ Associate in Fine Arts in Visual Arts (A10600)
- ___ Associate in General Education (A10300)
- ___ Associate in Science (A10400)
- ___ Associate in GE: Pre-Major Nursing (A1030N)
- ___ Associate Degree Nursing (A45110)
- ___ Biotechnology (A20100)
- ___ Business Administration (A25120)
- ___ Cosmetology (A55140)
- ___ Criminal Justice Technology (A55180)
- ___ Early Childhood B-K Licensure Track (A55220BK)
- ___ Early Childhood Career Entry Track (A55220CE)
- ___ Early Childhood NonLicensure Track (A55220NL)
- ___ Emergency Medical Science (A45340)
- ___ Emergency Medical Science - Bridging Option (A45340B)
- ___ Human Services Technology (A45380)
- ___ Human Services Technology - Mental Health (A4538C)
- ___ Industrial Systems Technology (A50240)
- ___ Information Tech- Support and Services (A25590T)
- ___ Information Tech - Web Adm & Design (A25590W)
- ___ Mechatronics Engineering Technology (A40350)
- ___ Medical Office Administration (A25310)
- ___ Office Administration (A25370)

DIPLOMA (One-Year Program)

- ___ Air Conditioning, Heating, and Refrigeration (D35100)
- ___ Business Administration (D25120)
- ___ Cosmetology (D55140)
- ___ Human Services Technology - Mental Health (D4538C)
- ___ Industrial Systems Technology (D50240)
- ___ Medical Office Administration (D25310)
- ___ Office Administration (D25370)
- ___ Welding Technology (D50420)

CERTIFICATE

- ___ Accounting (C25100)
- ___ AHR, Heat Pump Certificate (C35100A)
- ___ AHR, Heating and Cooling Certificate (C35100B)
- ___ AHR, Mechanical Installation Certificate (C35100C)
- ___ Business Administration Entrepreneurship (C25120E)
- ___ Business Administration Foundation (C25120F)
- ___ Business Administration Management (C25120M)
- ___ Criminal Justice Technology - Public Safety (C55180A)
- ___ Early Childhood Education Preschool (C55220P)
- ___ Early Childhood Education Administration (C55220A)
- ___ Emergency Medical Science (C45340)
- ___ Human Services Technology Certificate (C45380C)
- ___ Human Services Technology/Mental Health (C4538C)
- ___ Industrial Systems Electrical (C50240A)
- ___ Industrial Systems Mechanical (C50240B)
- ___ Industrial System Tech Automation (C50240D)
- ___ Information Tech Digital Media (C25590A)
- ___ Information Tech Web Design (C25590B)
- ___ Information Tech Desktop Support (C25590C)
- ___ Information Tech (C25590D)
- ___ Mechatronics Engineering (C40350A)
- ___ Medical Office Administration (C25310)
- ___ Office Administration (C25370)
- ___ Pipe Certificate (C50420B)
- ___ Plate Certificate (C50420C)

SPECIAL INTEREST

- ___ Special Credit (T90990) Non-degree Seeking

How were you referred to the College?

___ Family or Friend

___ Billboard

___ College website

___ College representative (recruiter, instructor, etc.)

___ Newspaper (list name) _____

___ I am a former student

___ Referral: List organization/business _____

___ Mail Piece



NOTES
