



Application for Admission

Questions? Contact: Mrs. Shellie Saxby rsaxby@roanokechowan.edu (252) 862-1248

Applications will not be processed until all 1 transcript) have been received. Submit with		required documents (test scores and high school
Are you a: □ New CCP Student	□ Returning CCP Student	
Last Name:	First Name:	Middle Name:
Mailing Address:		
City:		County:
Home Phone#: ()	Email Address:	
Gender: □ Male □ Female	Date of Birth (mm/dd/yyyy):	
Residency: Are you a North Carolina resident? Have you lived in North Carolina contir If NO, where else have you lived in the p	uously for the past 12 months? 🗆 Yes	s 🗆 No
Ethnicity (Please select only one)	Race (Please select all t	that apply)
□ Hispanic/Latino	□American Indian/Alaska Native	□Native Hawaiian/ Pacific Islander
□ Non-Hispanic/Latino	□Asian □Black/African American	□White □Other
Employment Status: Mark the app □ Unemployed - not seeking employed □ Employed 1 - 10 hours per week (E □ Employed 21-39 hours per week (E	ment (UN) ☐ Unemploy ☐ Employee	yed - seeking employment (US) ł 11 - 20 hours per week (E2) ł 40 or more hours per week (E4)
Enrollment Status (Check one)		
□ Never attended any college before (F)	□ Have attended a college before (T)
Year and Semester You Plan to Sta	rt:	
		Semester (fall, spring, summer)

Intended Career & College Promise Pathway Code:

Educational 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)
Institution Attended – Complete as Applicable Current High School Name:	
School Name	City State
My high school is: \Box Public \Box Charter \Box Private \Box Hor	me School
What is your current grade? 9 10 11 12 Expec	cted Graduation Date (mm/yyyy):
High School track: college prep (CP) general prep (GP)	vocational prep (VP)
Colleges and Other Post Secondary Schools Attended (List College/Post Secondary School Name City/State	All): Years Attended (if applicable)
Emergency Contact Name:	Relationship:
Contact Number: ()	
Applicants: Please read, check the boxes below, then sign ar I hereby certify that the information I have given is true to the that falsification or failure to supply the correct information dismissal.	e best of my knowledge. I further understand
☐ I acknowledge that courses taken through Roanoke-Chowan Promise will become a part of my the high school and college	, 0
Applicant Signature	Date
□ I give permission for my child to participate in the Career and Community College and acknowledge courses taken will be list transcripts.	
Parent/Guardian Signature	Date:

Roanoke-Chowan Community College is an affirmative action/equal opportunity institution which makes no distinction in admission of students or in any activities on the basis of race, color, religion, sex, national origin, disability, age or political affiliation. It is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associates degrees, diplomas, and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Roanoke-Chowan Community College. Information regarding the completion or graduation rates for students at Roanoke-Chowan Community College is available in Student Services.