

Admissions/Registrations

· Aravaipa · Maricopa · San Tan · Signal Peak
· Superstition · Florence · Casa Grande · Casa Grande Corporate

Student ID Number / SSN

Semester of Enrollment: Year 20 _____
 Fall Spring Summer

1 Legal Name: Last: _____ First: _____ Middle Initial: _____

Previous Name (maiden): _____

2 Mailing Address: Street/P.O. Box: _____ Apt.: _____

City: _____ State: _____ Zip: _____

3 Telephone: Home:(_____) _____ Cell:(_____) _____ Email: _____

4 Emergency Contact: Name: _____ Relationship: _____ Phone: (_____) _____

5 Male Female

6 Date of Birth: ____/____/____
 Month Day Year

7 Please indicate whether you plan to pursue a degree or certificate: (* please select appropriate code from list located on the back)

<input type="checkbox"/> Associate of Arts Degree (AA) _____	<input type="checkbox"/> Associate of Arts Degree – Elementary Education (AEEE)
<input type="checkbox"/> Associate of Science Degree (AS) _____	<input type="checkbox"/> Associate of Applied Science Degree (AAS) _____*
<input type="checkbox"/> Associate of Business Degree (ABUS)	<input type="checkbox"/> Certificate _____*
<input type="checkbox"/> Associate of General Studies Degree (AGS) _____	

Please note: **All students receiving Financial Aid must declare a program of study and provide Official Transcripts from previous institutions attended.**

8 **Race/Ethnic Background** CAC is a Hispanic Serving Institution. As such, CAC receives extra federal funding to support its students. In order to qualify for the funding we must maintain at least 25% of our student body as Hispanic /Latino/Chicano. Therefore, it is **VERY IMPORTANT** that if you identify with one of these groups you mark the appropriate box. This information will **NOT** be used in **ANY** other way.

Are you of Latino/Hispanic ethnicity?

YES, please specify: Mexican Central American **-OR-** **NO, if not of Latino/Hispanic ethnicity, please check all that**

Cuban South American Asian Native Hawaiian/Pacific Islander

Chicano Spanish Black/African American White, Non-Hispanic

American Indian/Alaskan Native; Tribe: _____

9 **Student type:** Select **one** type that best describes your status:

Minor/Under 18 Dual Enrollment Transfer New/First Time Re-entry, returning after one or more semesters Continuing

10 Did you graduate from High School? Yes No Month/Year Graduated: ____/____/____ GED: Yes No Month/Year Completed: ____/____/____

11 Name of High School: _____ City _____ State _____

12 Have you attended other colleges? Yes No Did you earn a degree? Yes No If yes, degree earned: _____

If yes, list all colleges attended: (1) _____ (2) _____ (3) _____ (4) _____
 Failure to disclose previous college(s) is a violation of the Student Code of Conduct and is grounds for denial of admission or immediate suspension if enrolled. It is the responsibility of the student to provide Official Transcripts from all institutions indicated above for prior credit evaluation.

13 Are you a Veteran? Yes No If yes, do you plan to use Veteran Educational Benefits? Yes No

14 Are you a legal Arizona resident? Yes No If yes, what date did your present stay begin in Arizona?: (if born in Arizona, state birth year) ____/____/____
 Driver's License State: _____ Driver's License Number: _____

15 Are you seeking admissions under the Western Undergraduate Exchange (WUE) Program? Yes No If yes, what WUE state did you reside? _____

16 These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. 15-1802.01. Failure to answer questions may result in being classified as out-of-state for tuition and fees purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsified his/her residency may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines.

United States Citizen Legal Immigrant/Permanent Resident: Date of Issue ____/____/____

Lawful Refugee/Asylee: Date of Issue ____/____/____ Country of Origin _____

Legal Nonimmigrant: Specify Immigration Classification _____ and Date of Expiration ____/____/____ and Alien Registration Number/I-94 Number _____

Do Not Qualify for any of the above

Course Number	Section	Course Title	Credits	Days	Time	Approval Signature (if required)

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. If accepted as a student of Central Arizona College, I agree to abide by the rules and regulations of the college regarding conduct and other obligations.

Student Signature: _____ **Date:** _____

Advisor: _____
 Max Hour Approval: _____