

Registration/Admission Student Information Form

- Signal Peak
- Aravaipa
- Casa Grande Center
- Florence Center
- SaddleBrooke Center
- Superstition Mountain
- Maricopa Campus
- Corporate Center
- San Tan Center

Student ID Number/ Social Security Number Semester of Enrollment: Fall Spring Summer Year 20____ 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:(_____) _____ Business:(_____) _____

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

5 Reason for Enrollment: Job Advancement Personal Interest Improve Reading/Writing/Math Skills
 Transfer to a Four-Year School Other

6 Male Female 7 Date of Birth: _____ / _____ / _____ Email: _____
Month Day Year

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 apply
 Cuban South American Asian Native Hawaiian/Pacific Islander
 Chicano Spanish American Indian/Alaskan Native
 White, Non-Hispanic Black/African American

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 Inmate

10 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

11 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)____/____/____
If less than a year, in what state did you reside? _____

CRN	Course Number	Section	Course Title	Credits	Days	Time

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: _____