

SHAWNEE COMMUNITY COLLEGE

STUDENT INFORMATION

Please use black or blue ink

SCC ID Number _____
(Office Use Only)

All students who wish to enroll at Shawnee Community College must submit the following information:

- A. Official transcript(s) from the high school(s) attended.
- B. Official transcript(s) from other colleges or universities attended.
- C. An assessment test is required for all new full-time students. A composite score of 21 or above on the Enhanced ACT exempts the assessment requirement.
- D. All Associate of Arts & Associate of Science students are subject to the Provisional Admission Standards.

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____

Name (Last) (First) (Middle) (Maiden)

Address (Street) (City) (State) (Zip) (County)

E-mail Address: _____

Phone (____) _____ Birth Date ____/____/____

Male Female

Marital Status: Single Married Divorced Widowed Separated

Emergency Contact: _____ (____) _____
Name Phone Number

HIGH SCHOOL INFORMATION

High School Last Attended: _____ Graduation Date: _____

Did you have an IEP-Individualized Educational Plan: Yes ___ No ___

Still Attending: Yes ___ No ___

If still attending, Escrow Application must be attached

Did you earn a GED: Yes ___ No ___ GED Date: _____

ETHNIC BACKGROUND

- 1. Asian or Pacific Islander
- 2. American Indian/Alaskan Native
- 3. African American
- 4. Hispanic
- 5. White (Non-Hispanic)

ENROLLMENT INTENTION

- 1. Transfer
- 2. Improve Job Skills
- 3. Future Job
- 4. GED
- 5. Personal Interest
- 6. Other/Unknown

ENTRANCE TERM

Spring 20 _____ Summer 20 _____ Fall 20 _____

DEGREE (check only one)

- _____ Associate of Arts
- _____ Associate of General Studies
- _____ Associate of Applied Science in _____
- _____ One-year Certificate in _____
- _____ Less-than-one-year Certificate in _____
- _____ Other _____
- _____ Associate of Science

ENROLLMENT OBJECTIVE

- Complete one or several courses
- Certificate
- Associate Degree

HIGHEST DEGREE EARNED

- G.E.D.
- High School Diploma
- Certificate
- Unknown
- Associate Degree
- Bachelor's Degree
- Master's Degree
- None
- Doctoral (Ph.D., Ed.D., E.A.)
- Professional Degree (Dental, Law)
- Other
- Some College Credit

Do either of your parents hold a Bachelor's Degree? Yes No

EMPLOYMENT STATUS

- 1. Employed full-time
- 2. Employed part-time, over 15 hours
- 3. Employed part-time, 15 hours or less
- 4. Homemaker
- 5. Unemployed
- 6. Other
- 7. No Response

RESIDENCY CODES

- In-District How long? (months) _____
- In-State How long? (months) _____
- Out-of-State
- Federal Correctional Institution
- U.S. Citizen
- Foreign Student
 Visa type _____

RESIDENCY STATEMENT:

I certify that all the information that I have provided on this application is complete and accurate to the best of my knowledge, and I agree to observe all of the rules and regulations of the institution at which I am enrolled

Signature _____ Date _____