



When completing this form, please print clearly.

1. **Name:** (please use your full name as it appears on your Social Security Card)

Last _____ First _____ Middle _____

Previous Name(s) _____

2. **Salutation:** (check one) Mr. Mrs. Miss Ms.

3. **Permanent Legal, Home Mailing Address:** No. & Street (Apt. No.) or Rural Route & Box Number

City or Town _____ State (or Country) _____ Zip Code _____ County _____

4. **Area Code & Phone #:** () _____ Home # Cell # Message #

5. **Social Security Number:** _____ / _____ / _____

**** Social Security Number is a requirement for Federal reporting and possible tax deductions. ****

**** You will be assigned a DACC ID# for general use. ****

6. **Date of Birth:** _____

7. **Ethnic/Race Classification:**

AN American Indian/Alaskan Native AS Asian BL Black/African American
 HP Hawaiian/Pacific Islander HIS Hispanic/Latino WH White

8. **E-mail address:** _____

9. **Term you plan on starting in:** (check one) Fall 20 ____ Spring 20 ____ Summer 20 ____

10. **Name of Major:** _____

Career/Occupational (To prepare for work world) Transfer/Baccalaureate (To prepare for transfer to a four year college)

11. **Admission Status:**

FR First time College Student CCE Corporate & Community Education Enrollee
 DUAL Dual Enrollment Student RE-AD Readmitted Student (Attended DACC Before)
 TR Transferring from another college

12. **Educational Goal:** (check one)

1 - Complete 1 or more course 2 - Complete Certificate (30 plus hours)
 3 - Complete Certificate (1-29 hours) 4 - Complete Associate Degree

13. **Citizenship or Visa:**

U.S. Citizen
 In U.S. on a Visa. Type of Visa: _____ Please attach copy.
Country of Citizenship: _____
Expiration Date of Visa: _____

Applying for Student Visa (Please note that we have a separate International Student Application)
 Not on a Visa/Not a U.S. Citizen

14. **Is English your native language?** Yes No

15. **Are you a veteran?** Yes No

Are you a dependent of a veteran? Yes No

Is your spouse a veteran? Yes No

16. Institutions Attended:

High School Attended: (check the name of the last institution you attended)

- | | | | |
|--------------------------------------------|--------------------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Armstrong 140-105 | <input type="checkbox"/> Danville 141-550 | <input type="checkbox"/> Jamaica 143-920 | <input type="checkbox"/> Schlarman 141-555 |
| <input type="checkbox"/> Bismarck 140-325 | <input type="checkbox"/> First Baptist 141-552 | <input type="checkbox"/> Milford 142-915 | <input type="checkbox"/> Seeger 153-750 |
| <input type="checkbox"/> Catlin 140-570 | <input type="checkbox"/> Fountain Central 153-580 | <input type="checkbox"/> North Vermillion 150-455 | <input type="checkbox"/> Shiloh 142-318 |
| <input type="checkbox"/> Chrisman 141-400 | <input type="checkbox"/> Georgetown-Ridge Farm 142-030 | <input type="checkbox"/> Oakwood 141-915 | <input type="checkbox"/> Westville 144-375 |
| <input type="checkbox"/> Covington 150-655 | <input type="checkbox"/> Hoopeston 142-310 | <input type="checkbox"/> Rossville 143-755 | |
| <input type="checkbox"/> Other: _____ | | | |

High School Information: (check one)

- Currently in High School or taking GED classes Expected graduation date: Month _____/Yr. _____
- Graduated: Month and year of high school graduation _____/_____
- Graduated: Month and year of GED awarded (Fill in line below) _____/_____
- County and state where GED was issued _____
- Did not graduate or receive GED

List all Colleges/Universities previously attended or currently attending:

Name of School	City/State	Attended From/To	Date Graduated
_____	_____	_____/_____/_____	_____/_____/_____
_____	_____	_____/_____/_____	_____/_____/_____

17. Emergency Contact Name: Last _____ First _____

Phone: (_____) _____

18. Highest Previous Degree Earned: (check one)

- | | | | |
|----------------------------------------------|-----------------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> N - None | <input type="checkbox"/> S - Some College/No Degree | <input type="checkbox"/> B - Bachelor's Degree | <input type="checkbox"/> O - Other |
| <input type="checkbox"/> H - High School | <input type="checkbox"/> C - Certificate | <input type="checkbox"/> M - Master's Degree | <input type="checkbox"/> U - Unknown |
| <input type="checkbox"/> G - GED Certificate | <input type="checkbox"/> A - Associate Degree | <input type="checkbox"/> D - Doctoral Degree | |

19. Employment Status:

- | | | |
|-------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> 1 - Employed Full-time | <input type="checkbox"/> 2 - Employed Part-time/15 + hrs | <input type="checkbox"/> 3 - Employed Part-time/1-14 hrs |
| <input type="checkbox"/> 4 - Homemaker | <input type="checkbox"/> 5 - Unemployed/Retired | <input type="checkbox"/> 6 - Other |
| <input type="checkbox"/> 7 - No Response | | |

20. Attendance Goal:

- | | | |
|-------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> 1 - Transfer to 4 yr College | <input type="checkbox"/> 2 - Improve skills for job | <input type="checkbox"/> 3 - Prepare for job in future |
| <input type="checkbox"/> 4 - Prepare for GED | <input type="checkbox"/> 5 - For personal interest | <input type="checkbox"/> 6 - Unknown |

21. What is the highest degree/education level your mother/father/legal guardian completed?

	<u>Mother</u>	<u>Father</u>	or	<u>Legal Guardian</u>
None Completed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
High School/GED	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

***** I VERIFY THAT THE INFORMATION ON THE FORM IS TRUE.**

Signed _____ Date _____

FOR OFFICE USE ONLY

Minimum Admission Requirements for Associate Degree Students

- 0 - Not applicable/Not A.S.A., A.E.S., or A.G.S.
- 1 - Yes, through **high school coursework** the student met all admission standards.
- 2 - Yes, through means other than high school coursework (testing, college coursework, etc.)
- 3 - No, student was evaluated but has **not** met all admission standards.
- 4 - Not evaluated or data not available.

Term Admission Requirements Met. 1 - Summer 3 - Fall 6 - Spring

Fiscal Year Admission Requirements Met. Fiscal Year 20_____