



# Caldwell Community College and Technical Institute (CCC&TI) Career and College Promise High School Programs

## Application for Admission

Mail or submit to:

**Caldwell Campus Admissions**

2855 Hickory Boulevard · Hudson, North Carolina 28638  
(828) 726-2200 www.cccti.edu

**Watauga Campus Admissions**

Post Office Box 3318 · Boone, North Carolina 28607  
(828) 297-2185 or Watauga High School (828) 264-1330

*Please print. Answer all questions completely. Use legal name only.*

### Personal Information

\*Submission of your social security number is not mandatory. However, if you do not report your social security number, you will not be eligible to participate in or benefit from certain activities at the College. These activities include (1) federal financial aid and (2) reporting of qualified tuition and related expenses for personal income tax purposes. If you submit your social security number on this application, it will be used for certain record-keeping purposes specifically related to the activities listed above. If you choose not to disclose your social security number, please check this box .

\_\_\_\_\_ Expected Date of Entrance: Year \_\_\_\_\_  Fall  Spring  Summer  
\*Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Legal Name: (Last) (First) (Middle) (Former)

\_\_\_\_\_  
Mailing Address: Number, Street, Route, Box Number City, State, Zip Code County

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- / \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Home Phone Number Work Phone Number Cellular Phone Number Date of Birth\*

Do you consider yourself Hispanic / Latino?  Yes  No

**Contact in case of emergency**

Select one or more of the following racial categories:

- American / Alaska Native (AN)  Asian (AS)
- Black or African American (BL)
- Hawaiian / Pacific Islander (HP)  White (WH)

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

Gender\*:  Male  Female

\*Information will not be used in a discriminatory manner; for record keeping purposes only

### Education Goals

Education Goals: (Check one Only)

- To obtain an Associate Degree, Diploma or Certificate (GR)  To take courses to transfer to another college (TR)
- To enhance my job skills in my present field of work (EP)  To take courses for personal enrichment or interest (PE)
- To enhance my employment skills for a new field of work (EN)

### Enrollment Information

I Plan to Attend:  Day  Evening  Caldwell Campus ( Hudson, NC)  
 Watauga Campus (Boone, NC)

## Education Information

High School Attending

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Location (City and State)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Anticipated Graduation Date

Colleges Previously Attended (most recently attended first):

Name	Address (City & State)	Last Attendance Date	Degree Received
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Student Employment Status:** (Check One)

- (UN) Unemployed-Not seeking employment       (US) Unemployed-Seeking employment  
 (E1) Employed 1-10 hours per week       (E2) Employed 11-20 hours per week  
 (E3) Employed 21-39 hours per week       (E4) Employed 40 or more hours per week

**Parent Educational Level:** Has either of your parents completed a four year degree?       Yes       No

**Student Educational Level:** (Mark the appropriate level you have COMPLETED)       8       9       10       11       12

## Special Information

Accommodations are available for qualified students with disabilities. For further information, call 828-726-2716 (Caldwell), or 828-297-3811 (Watauga).

Students must meet course prerequisites as evidenced by satisfactory placement test scores, SAT/ACT scores or previous college coursework.

## Student Information Release Permission

I hereby give permission to release all grades and educational information to the individuals and high school listed below:

\_\_\_\_\_  
Please list full name and relationship to student

\_\_\_\_\_  
Please list full name and relationship to student

### Student Transportation Release

I will be responsible for providing my own transportation for college campus classes, if it is not provided by the public schools. I accept full responsibility for my action to and from the college and will not hold Caldwell Community College or school system responsible for any accident, injury or damage occurring during transit.

### Accident Insurance

Accident insurance is available for all Caldwell Community College students. This policy provides coverage while students are in class, but not while traveling to and from campus. The cost per semester or year is \$6. The coverage is optional.

**The Student applicant and parent/guardian must check appropriate option below.**

- I want to purchase the accident insurance available through Caldwell Community College. Purchase must be made through the college Business Office.
- I waive the right to purchase accident insurance and assume responsibility for all medical costs incurred by me while I am a student at Caldwell Community College.

**I certify that the information on this application is correct. I agree to abide by the rules, policies, and regulations of Caldwell Community College and Technical Institute during my enrollment at the college.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is under 18)

Caldwell Community College and Technical Institute is an equal opportunity educator and employer.