Application for Admission

Caldwell Community College And Technical Institute (CCC&TI) High School Programs

Please check appropriate box

- ❒ Huskins
- ❒ Dual Enrollment
- ❒ Learn and Earn On-line
- ❒ Early College High School
- ❒ Career Center Middle College

Mail or submit to:

Caldwell Campus Admissions
2855 Hickory Boulevard · Hudson, North Carolina 28638
(828) 726-2200, 328-8697 or 264-7670 www.cccti.edu

Watauga Campus Admissions
Post Office Box 3318 · Boone, North Carolina 28607
(828) 297-2185 or Jane Rex (828) 265-1836 www.cccti.edu

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 ❒.

_____-_____-_____
*Social Security Number (voluntary)

_____/_____/_____/_____
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*

Race/Ethnic Origin*:(Check One/Voluntary)
❒ Caucasian (1) ❒ African American (2) ❒ American Indian (3) ❒ Hispanic (4) ❒ Asian (5) ❒ Other (6)

Gender*: ❒ Male ❒ Female Expected Date of Entrance: Year_____ ❒ Fall ❒ Spring ❒ Summer

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

Contact in case of emergency: _____ _____ _____
Name and Relationship | Work Phone | Home Phone

Education Goals

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

Residency Status

Citizenship: (Check One) ❒ US Citizen ❒ Permanent Resident ❒ Refugee ❒ Non US Citizen
If not US citizen, complete the following:_____
Country

_____ _____ _____ _____
Resident Alien Card Number | Issue Date | Non Immigrant Visa Type | Issue Type

Are you a legal resident of North Carolina? ❒ Yes ❒ No
Have you maintained your residence in NC for at least 12 months prior to the date of this application? ❒ Yes ❒ No
Initial date of residency in North Carolina? _____ Previous state of residence _____
Present county of residence _____ Do you speak English at home? ❒ Yes ❒ No

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)**

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

Special services are available for students with disabilities. For further information, call 828-726-2724 (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

_____
High School

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.

Rev. 1/08