

Rowan-Cabarrus Community College

Application for Admission – Curriculum Programs



Mail or submit to: Admissions Office, Rowan-Cabarrus Community College, POB 1595, 1333 Jake Alexander Blvd., Salisbury, NC 28145. Allow two business days for application processing. If you have questions about this application, call Student Services: 704-216-3593 or 704-216-3608.

- New Student Application
 Application for Readmission – complete after not attending RCCC for two years
 Date of last enrollment: _____ Name used when enrolled: _____

Eligible applications are individuals who are high school graduates or have a high school equivalency (GED) certificate or are at least 18 years of age. If you do not plan to work toward a degree or diploma, you can enroll as a special credit student.
 Note: Special Credit students are not eligible for federal financial aid or veteran's benefits.

Please print legible in ink. Use legal name only. Answer all questions completely. Incomplete applications will be returned.

Personal Information

Legal Last Name	Legal First Name	Legal Middle Name	Former Name
Mailing Address	City	State	ZIP
County of Legal Residence	State of Legal Residence	Country of Legal Residence	
Home Telephone	Business Telephone	Cell Phone	E-Mail
Date of Birth	Social Security Number*	Gender**: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Origin**: <input type="checkbox"/> Caucasian (1)		<input type="checkbox"/> African American (2)	<input type="checkbox"/> American Indian (3)
<input type="checkbox"/> Hispanic (4)		<input type="checkbox"/> Asian (5)	<input type="checkbox"/> Other (6)

Emergency Contact: _____
 Name Relationship Phone Alternate Phone

Program Name and Code You are Applying for (see program listing) Early College

Expected Date of Entrance: Year _____ Fall Spring Summer

I plan to enroll: Full Time Part Time
 Day Evening Both

Enrolling as: Freshman Transfer Returning RCCC Student

Employment Status: R-Retired US-Unemployed-seeking employment UN-Unemployed-not seeking employment
 E4-Employed 40 or more hrs/wk E3-Employed 21-39 hrs/wk E2-Employed 11-20 hrs/wk E1-Employed 1-10 hrs/wk

*Social security number is used for record-keeping accuracy and is voluntary. It provides a personal identifier for the internal records of this institution. It is required if you intend to file for financial aid and to provide verification of the Hope tax credit. Non-disclosure of the social security number will result in additional application processing.

**This data is used to maintain appropriate records. Sex and race information is voluntary and will not be used in decisions regarding admissions.

Education Goals

- Obtain an Associate Degree, Diploma or Certificate (GR) Take courses to transfer to another college (TR)
 Enhance my job skills in my present field of work (EP) Take courses for personal enrichment or interest (PE)

Certification of Accuracy

I have read this application and I certify that the responses on this form are true and complete. I understand that if found otherwise, it may be cause for delay or denial of admission, loss of credit or dismissal. I agree to abide by all RCCC policies and regulations as described in the College Catalog and Student Handbook. The college has my permission to release my pertinent information on this application to appropriate college staff and other authorized agencies, and in the event of emergency or illness my permission to seek appropriate medical assistance.

Applicant Signature	Date	Parent/Guardian Signature (if applicant is under 18)
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