

Summer Application for Admission

(This application should be used by Visiting Summer Students ONLY. All others must fill out the Fall/Spring application)

For Office Use Only: Date Received _____ Application Fee _____
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Please print in ink.

I. Enrollment Information

1. I plan to study at Westchester Community College for the summer session: 20____

I am a High School student _____
HIGH SCHOOL YEAR OF GRADUATION

High School students are required to take all parts of the college placement test prior to consideration for enrollment.

I am a College/University student _____
COLLEGE/UNIVERSITY YEAR OF GRADUATION

College students must submit an unofficial copy of college transcripts for ANY English or Mathematics course and for any course requiring a prerequisite course.

Visiting summer students are considered non-matriculated and are NOT eligible for Financial Aid.

II. Biographical Information

1. Social Security Number _____ — _____ — _____ 2. Telephone _____ — _____ — _____

3. Legal Name: _____
LAST FIRST MIDDLE INITIAL

Other names under which your educational records may appear: _____
LAST FIRST

4. Date of Birth: _____ — _____ — _____ 5. Male Female
MONTH DATE YEAR

6. Legal Address: _____
STREET APARTMENT #
CITY/TOWN/VILLAGE STATE ZIP

7. Mailing Address: _____
STREET APARTMENT #
CITY/TOWN/VILLAGE STATE ZIP

8. Email Address: _____

9. County of Permanent Residence _____ 10. How long have you resided in that county? _____ YEARS _____ MONTHS

11. How long have you resided in New York State? _____ YEARS _____ MONTHS

III. Citizenship

1. Are you a U.S. citizen? Yes No

If no,

2. Are you a Permanent Resident (HOLD A GREEN CARD)? Yes No

IF YES, ALIEN REGISTRATION # _____ DATE ISSUED _____ COUNTRY OF ORIGIN _____

If no,

3. Do you have a temporary visa? Yes No

IF YES, TYPE _____ EXPIRATION DATE _____ COUNTRY OF CITIZENSHIP _____

4. Is English your best/strongest language? Yes No

IF NO, MY STRONGEST LANGUAGE IS _____ COUNTRY OF ORIGIN _____



Office of Admissions, 75 Grasslands Road, Valhalla, New York 10595-1698
phone: 914-606-6735 ■ fax: 914-606-6540 ■ web site: sunywcc.edu ■ admissions@sunywcc.edu

IV. Educational Background

1. _____
NAME OF HIGH SCHOOL ATTENDING/ATTENDED CITY STATE
2. Graduated ____ | ____ Will Graduate ____ | ____ Did Not Graduate
MONTH YEAR MONTH YEAR
3. Type of diploma received or expected: Regents Local IEP
 You must request an official transcript from your high school. (A student who completes high school with an IEP diploma does not qualify for open admission. Approval from the Director of Admissions is required for acceptance.)
4. If you are not a high school graduate, do you have a General Equivalency Diploma (GED)? Yes No
 If Yes, a copy of your GED must be submitted with this application. IF YES, DATE ISSUED ____ | ____
MONTH YEAR

Transfer Students:

5. List all other colleges attended (from most recent to first attended) since high school. Please request that each college mail an OFFICIAL TRANSCRIPT to the Westchester Community College Office of Admissions.

College/University	City	State	Dates Attended		Degree Received
			FROM	TO	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Do you intend to pursue a degree or certificate at Westchester Community College? Yes No
 If so, a credit evaluation will be completed upon receipt of all official college transcripts.

V. Educational Goal:

Choose one goal that best describes your educational objective:

- Transfer to another college after earning a degree/certificate at Westchester Community College. (1)
- Transfer to another college without earning a degree/certificate at Westchester Community College. (2)
- Earn a degree/certificate with plans for employment. (3)
- Enroll in course work to learn or upgrade job skills. I am not interested in earning a degree or certificate at this time. (4)
- Enroll in course work for personal enrichment or enjoyment. I am not interested in earning a degree or certificate at this time. (5)
- Enroll in course work to obtain a High School General Equivalency Diploma(GED). (6)
- Uncertain. (7)

VI. U.S. Office of Education Information

A variety of government agencies require that institutions of higher education report student enrollments by ethnic status. The information requested below will assist in meeting this requirement. Please check the appropriate box. (Response is optional and does not affect your admission in any way.)

- White, Non-Hispanic (1)
- Black, Non-Hispanic (2)
- Hispanic (3)
- Asian or Pacific Islander (4)
- American Indian or Alaskan Native (5)

VII. Additional Information

- Are you interested in: Applying for Financial Aid? (Priority Deadline for Financial Aid: June 30 for fall semesters October 31 for spring semesters)
- Veteran's Benefits? The Honors Program?
- Support Services* for students who are: Learning Disabled Mobility Impaired
- Hearing Impaired Visually Impaired
- *DOCUMENTATION IS REQUIRED FOR SUPPORT SERVICES.

VIII. Applicant's Signature

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in cancellation of my admission or dismissal from the college. I am aware that the application fee is non-refundable.

Signature of Applicant _____ Date ____ | ____ | ____

Admission is based on the availability of space and qualifications of the applicant without regard to race, color, creed, age, gender, marital status, national origin, sexual orientation or handicap. Information collected on this application (Section 355(2) (i) Education Law) will be used to evaluate your request for admission. Failure to provide information could prevent your application from being processed. Information will be maintained in the Registrar's Office. Information on this application is accurate as of 11/07.