



Dual Enrollment Application

Students taking classes at multiple Maricopa colleges will be required to complete an application for each college.

Enrollment Campus	CGCC ___ EMCC ___ GCC ___ GWCC ___ MCC ___ PC ___ RIO ___ SCC ___ SMCC ___
Have you ever applied to any Maricopa Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your 8-digit College ID _____	
TERM OF ENROLLMENT <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 Year _____	
LEGAL NAME (Last, First, Middle) _____	
BIRTHDATE _____ / _____ / _____ MONTH DAY YEAR	
GENDER ** <input type="checkbox"/> Male <input type="checkbox"/> Female	
SOCIAL* SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
INFORMATION RELEASE: Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ETHNICITY ** <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other	
ADDRESS	APT#
CITY,	
STATE	ZIP CODE
TELEPHONE NUMBER	
HOME	CELL
E-MAIL ADDRESS	
CITIZENSHIP STATUS These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Failure to answer the following questions may result in being classified as out-of-state for tuition and fee purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsifies his/her residency may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines. <input type="checkbox"/> United States Citizen <input type="checkbox"/> Legal Immigrant/Permanent Resident Date of Issue _____ and Expiration Date _____ and Alien Registration Number _____ <input type="checkbox"/> Lawful Refugee or Asylee Date of Issue _____ and Expiration Date _____ and Alien Registration Number _____ <input type="checkbox"/> Legal Nonimmigrant: ● Specify visa or status _____ and ● Date of Expiration of I-94 _____ and ● Alien Registration Number or I-94 Number _____ <input type="checkbox"/> Do Not Qualify for Any of the Above <input type="checkbox"/> Country of Citizenship _____ <input type="checkbox"/> AZ Department of Motor Vehicle License or ID Number _____ Date of Issue _____ and Date of Expiration _____ <input type="checkbox"/> Do not possess an AZ Department of Motor Vehicle License or ID Number	
STUDENTS ARE REQUIRED TO SUBMIT A COPY OF A DOCUMENT TO PROVE U.S. CITIZENSHIP OR LEGAL RESIDENCY. ACCEPTABLE DOCUMENTS INCLUDE A DRIVERS LICENSE/PERMIT, BIRTH CERTIFICATE, OR PASSPORT.	
FOR MORE INFORMATION VISIT: WWW.MARICOPA.EDU/PROP300	
PREVIOUS EDUCATION	
SAIS NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Arizona Department of Education (ADE) Student Accountability Information System (SAIS) number	
<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> High school HS Name _____ State _____ Expected completion date _____	
FIRST GENERATION COLLEGE STUDENT Are you a first generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(You are a first generation student if both parents or guardians (parent or guardian if only living with one) did not complete a bachelor's degree.)</i>	
LANGUAGE BACKGROUND What was the first language you spoke as a child? _____ What languages were spoken in your home when you were growing up? _____ What language do you speak most often now? _____ Do you wish assistance with English fluency skills? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check one or more if you need help with... <input type="checkbox"/> Financial Aid <input type="checkbox"/> Writing Skills <input type="checkbox"/> Health Problem <input type="checkbox"/> Finding Work <input type="checkbox"/> Math Skills <input type="checkbox"/> Commuter information <input type="checkbox"/> Learning English <input type="checkbox"/> Personal Concerns <input type="checkbox"/> Work Experience Credit <input type="checkbox"/> Reading Skills <input type="checkbox"/> Learning Disability ** <input type="checkbox"/> Daycare information <input type="checkbox"/> Study Skills <input type="checkbox"/> Physical Disability ** <input type="checkbox"/> Mentoring <input type="checkbox"/> Other <input type="checkbox"/> Choosing a Major or Career ** If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resources (DSR).	
EMPLOYMENT HOURS planned per week while enrolled ** <input type="checkbox"/> 1-10 <input type="checkbox"/> 16-20 <input type="checkbox"/> 31 or more <input type="checkbox"/> 11-15 <input type="checkbox"/> 21-30 <input type="checkbox"/> None	
MILITARY Are you a dependent of a member of the US Armed Forces stationed in AZ pursuant to military orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RESIDENCY Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community Colleges Governing Board. Will you reside in Arizona at the time of attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No What date did your present stay in Arizona begin? _____ What was your most recent state of residence prior to moving to Arizona? _____ In what Arizona county do you reside? _____ If Maricopa, what date did you move to this county? _____ What Arizona county did you reside in prior to moving to Maricopa county? _____	
EDUCATIONAL PLAN Primary Reason for attending this college: <input type="checkbox"/> Improve my career skills <input type="checkbox"/> Prepare for employment <input type="checkbox"/> Learn new career skills <input type="checkbox"/> Transfer to University/College <input type="checkbox"/> Personal Interest/Self-improvement <input type="checkbox"/> Transfer within MCCCC <input type="checkbox"/> Prepare for a career change Transfer to University/MCCCC College: _____ Name of Transfer Institution Area of Study	
VEHICLE EMISSIONS <input type="checkbox"/> Car meets emission standards <input type="checkbox"/> Will not park on campus	
ACADEMIC PLAN What academic plan do you intend to earn from this college? Degree _____ Certificate _____ Area of Interest _____ I certify that the answers on this application are true, correct and complete. _____ Signature of Student Date	
All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974. The Act's provisions are explained in the General Catalog.	