



6000 W Olive Ave
Glendale, AZ 85302
623.845.3333 - phone
623.845.3303 - fax

GLENDALE COMMUNITY COLLEGE

Student Information Form



APPLICANT INFORMATION

Student ID# _____ Term of Enrollment: Fall Spring Summer I Summer II Year _____

Legal Name _____
Last First Middle

Date of Birth _____ Gender** M F Social Security Number _____

Your Social Security Number will not be used as your primary student identification number and will be kept confidential. Providing a Social Security Number will ensure that your educational records are complete and correct and will allow the fullest services. Any individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, and Veteran Administration benefits. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residence, resulting in out-of-state tuition.

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)? Yes No

ADDRESS INFORMATION

Address _____ Apt# _____

City _____ State _____ Zip _____

Telephone Number: Home _____ Other _____

Email Address: Home _____ Other _____

DEMOGRAPHIC INFORMATION

RESIDENCY*

US Citizen

Legal Immigrant/Permanent Resident Date of Issue _____ Expiration Date _____ Alien Registration# _____

Lawful Refugee or Asylee Date of Issue _____ Expiration Date _____ Alien Registration# _____

Legal Nonimmigrant Specify Visa or status _____ Date of Expiration of I-94 _____

Alien Registration Number or I-94 Number _____

Do Not Qualify for Any of the Above

Country of Citizenship _____

AZ Department of Motor Vehicle License or ID Number _____ Date of Issue _____ Expiration Date _____

Do not possess an AZ Department of Motor Vehicle License or ID Number

* 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 above 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 shall be required to pay full tuition and may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines.

RACE/ETHNICITY**

This is a two part question:

Do you consider yourself to be **Hispanic/Latino**? Yes No If yes, which Ethnic Group? _____

If you responded **YES** to the above and are of more than one race, select from additional ethnic categories below.

If you responded **NO**, please select one or more of the following racial/ethnic categories to describe yourself. If selecting more than one, please indicate which ethnic category you consider as your primary category. You may also include details regarding your ethnic group or Native American tribe if applicable.

Category	Primary Y/N	Ethnic Group/Tribe
American Indian/Alaska Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____
White	_____	_____

** Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

PREVIOUS EDUCATION

High School Status (check one box)

High School Diploma High School Name _____ State _____ Completion Date _____

SAIS NUMBER _____ Arizona Department of Education (ADE) Student Accountability Information Systems (SAIS) Number

GED Certificate Completion Date _____

Currently Enrolled High School Name _____ State _____ Expected Completion Date _____

Home Taught Expected Completion Date _____

No diploma or GED and under age 18

No diploma or GED and over age 18

Previous College (check highest level completed)

Associate Degree Bachelor Degree Master Degree or higher No College or University Some College/University, no degree

FIRST GENERATION COLLEGE STUDENT

Are you a first generation college student? Yes No

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.

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? Yes No

PLEASE CHECK ONE OR MORE IF YOU NEED HELP WITH...

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Study Skills | <input type="checkbox"/> Personal Concerns | <input type="checkbox"/> Commuter Information |
| <input type="checkbox"/> Finding Work | <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Learning Disability*** | <input type="checkbox"/> Work Experience Credit |
| <input type="checkbox"/> Learning English | <input type="checkbox"/> Math Skills | <input type="checkbox"/> Physical Disability*** | <input type="checkbox"/> Childcare Information |
| <input type="checkbox"/> Reading Skills | <input type="checkbox"/> Choosing a Major or Career | <input type="checkbox"/> Health Problems | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Other _____ | | | |

*** If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resource (DSR)

EMPLOYMENT HOURS

Employment hours planned per week while enrolled:
 1-10 hours 11-15 hours 16-20 hours 21 - 30 hours 31 or more hours None

MILITARY

Are you currently a member of the US Armed Forces stationed in Arizona pursuant to military orders? Yes No
Are you a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders? Yes No
Are you a Veteran of the US Armed Forces? Yes 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 College Governing Board.

Will you reside in Arizona at the time of attendance? Yes No
What date did your present stay in Arizona begin? Month _____ Day _____ Year _____
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? Month _____ Day _____ Year _____
What Arizona county did you reside in prior to moving to Maricopa County? _____
Are you seeking admission under the Western Undergraduate Exchange program? Yes No
If yes, in which state do you currently reside? _____

HOW DID YOU HEAR ABOUT THIS COLLEGE?

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Agency Referral | <input type="checkbox"/> Application - Quick Admit | <input type="checkbox"/> Billboards | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Bus Stop Billboards | <input type="checkbox"/> Career Fair | <input type="checkbox"/> Cross College | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Email |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Flyer | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Group | <input type="checkbox"/> HS Counselor |
| <input type="checkbox"/> HS Recruitment Tour | <input type="checkbox"/> High School Referral | <input type="checkbox"/> International Recruitment | <input type="checkbox"/> Internet | <input type="checkbox"/> Military Recruiter |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Off-Site | <input type="checkbox"/> Other | <input type="checkbox"/> Outreach Event | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Recruiter | <input type="checkbox"/> Schedule of Classes | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Student |
| <input type="checkbox"/> TV | <input type="checkbox"/> Theatre Screen Advertisement | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Yellow Pages | |

EDUCATIONAL PLAN

Primary reason for attending this college:

- | | | |
|--|--|---|
| <input type="checkbox"/> Improve my career skills | <input type="checkbox"/> Learn new career skills | <input type="checkbox"/> Personal Interest/Self Improvement |
| <input type="checkbox"/> Prepare for a career change | <input type="checkbox"/> Prepare for employment | <input type="checkbox"/> Transfer to a University/College |
| <input type="checkbox"/> Transfer within MCCCC | | |

Transfer to University/MCCCC College: _____
Name of Transfer Institution Area of Study

VEHICLE EMISSIONS

- Car meets emissions standards Will not park on campus

For crime statistics reported under the Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit www.maricopa.edu/safety

ACADEMIC PLAN

What academic plan do you intend to earn from this college?

Degree Name _____ Code: _____ Certificate Name _____ Code: _____

I CERTIFY THAT THE ANSWERS ON THIS STUDENT INFORMATION FORM 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.