###

# REGISTRATION FORM PLEASE PRINT

|  |
| --- |
| (Some programs of study require a social security number in order to comply with Admission’s background check and drug testing requirements.)  |
| Today’s date: |
| STUDENT INFORMATION |
| Last name: | First: | Middle: | Birth date: | Age: | Gender: |
|  |  |  |  |  / / |  | ❑ M | ❑ F |
| Street address: | City: | State, ZIP Code: |
|  |  |  |
| Contact phone #: ( ) | Social Security#: | Email address: |
| Ethnicity: ❑ Black, Non-Hispanic ❑ American Indian/Alaskan Native ❑ Asian/Pacific ❑ Hispanic ❑ White, Non-Hispanic ❑ Other  | Are you of Hispanic/Latino origin? ❑ Yes ❑ No | Are you a US Citizen? ❑ Yes ❑ No❑ No, but work authorized |
|  |  |  |
|  |
| MILITARY/DISABILITY/EMPLOYMENT/SCHOOL INFORMATION |
| **DISABILITY INFORMATION** |  |
| Are you disabled? | ❑ Yes❑ No | If yes, what percent? |  |  |  |
| **EMPLOYMENT INFORMATION** |
| Are you currently employed? | ❑ Yes❑ No | If yes what is your employer’s name? |
| If yes, what is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What is your current monthly gross earnings? $ |
| If no, what is your career/employment goal? |  |
|

|  |
| --- |
|  **MILITARY INFORMATION** |
| Have you completed your Selective Service Registration? ❑ Yes ❑ No ❑ Not Applicable |
| Are you a US Military Veteran? | Branch of Military Service | From (dates) | To (dates) | Are You a Spouse to a Veteran? |
| ❑ Yes ❑ No |  |  / / |  / /  | ❑ Yes ❑ No |

 **SCHOOL INFORMATION** |
| What program/field of study are you interested in? | Highest Educational Level Completed: |
| What is your educational goal?❑ Non-credit certificate completions ❑ Credit 1 year certificate ❑ Credit less than 1 year certificate  | ❑ Less than HS Diploma/ no GED❑ HS Diploma/GED❑ Some College, no degree |
| ❑ Completed AA/AAS degree❑ Bachelor’s Degree❑ Graduate Study above Bachelor’s  |
|  |   |
|  |
| OFFICE USE ONLY |
| Acceptance Date to SkillUP Program:  | Student ID: | Declared Major:  |
| Financial Aid Status: | Pell Grant Eligible? | ❑ Yes ❑ No |  |
| Verify Status ❑ Full Time ❑ Part Time ❑ Non Credit Student | Credit accepted for prior learning | ❑ Yes ❑ NoCredits:\_\_\_\_\_\_\_ |  |
| Assessment Scores Date Taken | Source: ❑Accuplacer ❑ ACT ❑ WorkKeys/NCRC ❑ Other  |
|  | Reading Score |  | Level: ❑College Level  ❑One Level Below ❑ Two Levels Below ❑Three Levels Below | * Refer to ACCUPLACER Placement Guide for Levels
 |  |
|  | English Score |  | Level: ❑College Level  ❑One Level Below ❑ Two Levels Below ❑Three Levels Below |  |  |
|  | Math Score |  | Level: ❑College Level  ❑One Level Below ❑ Two Levels Below ❑Three Levels Below |  |  |
|  | Campus Code |  | Program Code |  | Term Code |  | Semester Start Date |  |  |
|  | Credit/Non Credit Code |  | Entering Student Status | ❑ New, first-time any college❑ Previously attended any college ❑ Returning student from current college | Term Credit Hours Attempted:  |  |  |
|  |  | Term GPA: |  |
|  |  | Term Credit Hours Completed: |  |
| Pre WorkKeys Assessment Date Taken:  |  |
| Applied Math  | Score: ❑ 3 ❑ 6❑ 4 ❑ 7❑ 5 | ❑Transitions Course ❑AAS Health Information Management❑ Certificate ❑CMT program  |  |
| Reading for Information | Score: ❑ 3 ❑ 6❑ 4 ❑ 7❑ 5 |  |  |
| Locating Information  | Score: ❑ 3 ❑ 6❑ 4 ❑ 5 |  |  |
| EXIT USE |
| Exit Date from Program:  |  |  |  |
| Post WorkKeys Assessment Date Taken:  | MHW Completed |
|  | Applied Math  | Score: ❑ 3 ❑ 6❑ 4 ❑ 7❑ 5 | ❑Transitions Course ❑AAS Health Information Management❑ Certificate ❑CMT program  |  |
|  | Reading for Information | Score: ❑ 3 ❑ 6❑ 4 ❑ 7❑ 5 |  |  |
|  | Locating Information  | Score: ❑ 3 ❑ 6❑ 4 ❑ 5 |  |  |