### 

# REGISTRATION FORM PLEASE PRINT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (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 | | | | | | | | | | | |
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| 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 | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 ❑ No  Credits:\_\_\_\_\_\_\_ | | | | | | | |  | | | |
| 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 | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |