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APPLICATION FOR ADMISSION

Mail this completed form to: Northeast Alabama Community College
Admissions Office, P O Box 159
Rainsville, AL 35986

SS#: - -

New Applicant Previously Attended Dual Enrollment/Accelerated Program (still in high school)

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|---|------------------|--|------------------------|-------------|--|--|
| FIRST NAME: | | MIDDLE NAME: | | LAST NAME: | | |
| DATE OF BIRTH: | | | BIRTH NAME: | | | |
| MAIL ADDRESS: | | | | | | |
| ZIP: | | TELEPHONE: | | CITY: | | |
| STATE: | | COUNTY: | | BIRTHPLACE: | | |
| HIGH SCHOOL: | YEAR GRADUATION: | | NAME OF HIGH SCHOOL: | | | |
| GED: | YEAR RECEIVED: | | LOCATION: | | | |
| SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | ETHNIC BACKGROUND: <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER | | | VETERAN: <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| EMERGENCY NOTICE: | | TELEPHONE: | | NAME: | | |
| CITIZENSHIP: <input type="checkbox"/> US CITIZEN <input type="checkbox"/> NON-RESIDENT ALIEN <input type="checkbox"/> RESIDENT ALIEN | | | COUNTRY: VISA TYPE: | | RESIDENCY: <input type="checkbox"/> INSTATE <input type="checkbox"/> OUT-OF-STATE | |
| ALABAMA RESIDENCY REQUIREMENTS: (Please check ALL that apply) Do you have: 1. A specific address or location within Alabama as your residence? <input type="checkbox"/> yes <input type="checkbox"/> no 2. An intention to remain at an Alabama address? <input type="checkbox"/> yes <input type="checkbox"/> no 3. More substantial connections with Alabama than with any other state? <input type="checkbox"/> yes <input type="checkbox"/> no If you answer (no) to any of the above you must complete the "Certification of Eligibility for In-State Residency" | | | | | | |
| DECLARED MAJOR: | | | | | | |
| AWARD OPTION: <input type="checkbox"/> AAS (TWO YR. TERMINAL) <input type="checkbox"/> AS (TWO YR. TRANSFER) <input type="checkbox"/> AA (TWO YR. TRANSFER) <input type="checkbox"/> NCA (NON-DEGREE) | | | | | | |
| PRIOR COLLEGES DEGREE: | | | | | | |
| PROJECTED ENROLLMENT TERM: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR: | | | | | | |

Do you have college credit you would like to have evaluated for transfer? Yes No

Are you under college suspension? Yes No

Transient (those presently enrolled at another college and attending Northeast for one semester only)

Name of College presently attending _____

PLEASE LIST ALL OTHER NAMES THAT MAY BE ON YOUR TRANSCRIPTS OR GED

This gives my permission to release my name and hometown to the media in the event I qualify for the President's or Dean's List.

I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to withhold credits and/or refuse admission. My signature gives permission for Northeast to obtain all pertinent high school records or academic records. I certify that I have complied with the provisions of the United States Military Selective Service Act (50 U.S.C.App 453) by having registered with the Selective Service Board or that I am not yet 18 years of age and I will register when required by law to register. (This certification is required by the State of Alabama Legislative Act 91-584.)

Signed _____ Date _____
(Applicant full legal name)

PLEASE NOTE: All first time students must take the placement test. High school transcript or GED diploma must be submitted before admission to this college. College transcripts must be sent if you have attended another college. Qualified applicants will be considered without regard to race, color, sex, religion, creed, national origin, age, or disability. Anyone with a disability who needs assistance in completing this application should contact the Admissions Office.