

# **Brookdale Community College Dual Enrollment Program Application Packet**

**Completed Dual Enrollment application packet must be mailed to:**

**Donna Cuddy  
MAC 107  
Brookdale Community College  
765 Newman Springs Road  
Lincroft, NJ 07738**

***Dual Enrollment application packet must be submitted by August 2, 2019.***

**Dual Enrollment applicants will be mailed information regarding ACCUPLACER testing.**

**Students should review for ACCUPLACER at [brookdalecc.edu/testing-services/accuplacerbasic-skills-testing/](http://brookdalecc.edu/testing-services/accuplacerbasic-skills-testing/)**

**If you have questions regarding the Dual Enrollment Program, please contact:**

**Donna Cuddy  
Associate Director, K-12 Partnerships  
Brookdale Community College  
732-224-2574  
[dcuddy@brookdalecc.edu](mailto:dcuddy@brookdalecc.edu)**

# APPLICATION FOR ADMISSION – BROOKDALE COMMUNITY COLLEGE

**Instructions:** Questions followed by an asterisk\* are optional. This information does not affect either admission or placement. Your response is voluntary, but will inform Brookdale's affirmative action policy.

## BIOGRAPHICAL DATA

\*Social Security Number \_\_\_\_\_

I choose not to provide my Social Security number. I understand that this will affect my ability to receive Financial Aid and/or receive annual documents used for tax purposes. (A Brookdale Student ID Number will be assigned to you after your application has been processed. Failure to submit your Social Security number will prevent you from retrieving your assigned Brookdale username and login information from our server.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Have you lived in NJ in the past year?  Yes  No

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Personal Email: \_\_\_\_\_  I choose not to provide my Date of Birth. I understand that this will affect my ability to receive Financial Aid.

Are you a U.S. citizen?  Yes  No Are you a Veteran of the U.S. Armed Forces?  Yes  No

\*I identify my gender as \_\_\_\_\_ \*Ethnicity  Hispanic/Latino  Non-Hispanic/Latino

\*Race  American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian/Other Pacific Islander  White

## PROGRAM OF STUDY

Year you plan to begin 2019 Starting Term  Fall  Winterim  Spring  Summer I  Summer II  Summer III

Do you plan to be a Degree (regular) student enrolled in a degree or certificate program?  Yes  No

If YES, what program do you intend to pursue? N/A (see list on last page)

If NO, do you plan to be a  Non-degree (special) student  Visiting student (matriculated elsewhere)  Service Members Opportunity College (SOC)  Non-degree English as a Second Language (ESL) student

Do you intend to apply for Financial Aid? (if yes, SSN and DOB are required)  Yes  No

Is English your first or primary language?  Yes  No

Would you like to receive information about Brookdale's University Partnerships? (see information on previous page)  Yes  No

## EDUCATION

High School last attended RED BANK CATHOLIC Highest grade completed \_\_\_\_\_ Year of graduation \_\_\_\_\_

City/State of High School \_\_\_\_\_ Are you a high school student applying for "Fast Start"?  Yes  No

Do you have an equivalency diploma (GED)?  Yes  No If yes, from what state? \_\_\_\_\_

List all colleges and schools attended after high school (Do not omit schools in which no credits were earned. Send transcripts from each.)

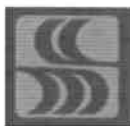
School	City & State	Month & Year	Degree
		/ to /	
		/ to /	
		/ to /	

## SIGNATURE

I certify that all the answers I have given are correct and accurate. Response is voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment.

STUDENT  
Signature \_\_\_\_\_

Date \_\_\_\_\_



# Brookdale Community College

765 Newman Springs Road  
Lincroft, NJ 07738

## 12th Grade Dual Enrollment Option Record Release Form

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, requires that you be notified when your educational record or transcript is being forwarded to another educational institution. It is therefore necessary for the following to be signed and dated in order for Brookdale Community College to forward your educational record and/or conduct record to your high school.

I give Brookdale Community College permission to release my educational record and/or conduct record, for one calendar year from the date below, to the high school specified.

Also, please note that courses at Brookdale Community College may contain subject matter that is not appropriate for some pre-college age students. In signing this waiver, you are acknowledging this and understand that no adjustments will be made to course content or assignments because of the age and/or status of the student.

Students enrolled in the Dual Enrollment Program must maintain a minimum term GPA of 2.0 at Brookdale Community College to continue in the Program. In signing this waiver, you are acknowledging this and understand that students with a term GPA less than 2.0 will be removed from the Dual Enrollment Program.

I understand that the decision to accept Brookdale Community College courses in transfer lies with the four-year college/university.

\_\_\_\_\_  
High School name

\_\_\_\_\_  
Name of Guidance Counselor

\_\_\_\_\_  
Student's name (please print)

\_\_\_\_\_  
Student's email address (please print clearly)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**\*\*The Dual Enrollment application that you are submitting serves as your permanent application to Brookdale Community College. Do not submit another application if you attend Brookdale after high school.\*\***