



Application for Admission

Applications will not be processed until all required signatures are obtained and all required documents (test scores and high school transcript) have been received. Submit with verification form. *Note: All signature dates must be prior to the start date of the course for which he/she is registering.

Are you a: □ New CCP Student	□ Returning CCP Student	
Social Security Number:	or R-CCC Student ID#	
Last Name:	First Name:	Middle Name:
Mailing Address:		
City:	State: Zip:	County:
Home/Cell Phone#: ()	Email Address:	
Gender: □ Male □ Female	Date of Birth (mm/dd/yyyy):	
Residency: Are you a North Carolina resident? — Yes Have you lived in North Carolina continuous.	□ No	
If NO, where else have you lived in the past 12	•	
Ethnicity (Please select only one) Hispanic/Latino Non-Hispanic/Latino	Race (Please check all that apply) American Indian/Alaska Native Asian	□Native Hawaiian/ Pacific Islander □White
	□Black/African American	□Other
Employment Status: Mark the appropri Unemployed - not seeking employment (UN) Employed 1 - 10 hours per week (E1) Employed 21-39 hours per week (E3)	ate box with an X: □ Unemployed - seeking employment (US) □ Employed 11 - 20 hours per week (E2) □ Employed 40 or more hours per week (E4)	
Enrollment Status (Check one)		
□ Never attended any college before (F)	\square Have attended a college before (T)	□ Have attended R-CCC before (R)
Year and Semester You Plan to Start:	Year Semester (f	all, spring, summer)
Program Code	Program Name:	

Educational Goal at R-CCC (Check only one): Obtain Degree, Diploma, or Certificate (GR)	□ Personal Eni	richment (PE)	
□ Enhance New Employment Skills (EN)	□ Transfer to a	□ Transfer to another College (TR) □ Goal Unknown (GU)	
□ Enhance Present Employment Skills (EP)	□ Goal Unkno		
Current High School Name:			
School Name	City	State	
My high school is: □ Public □ Charter □ Pr	ate Home School		
What is your current grade? 9 10 11	12 Expected Graduation	Date (mm/yyyy):	
High School track:college prep (CP)gen	al prep (GP)vocational p	rep (VP)	
Colleges Attended (List All): College School Name City/S	ate Years Attende	d (if applicable)	
Emergency Contact Name: Contact Number: ()	Relationship:		
Applicants: Please read, check the boxes below I hereby certify that the information I have given that falsification or failure to supply the correct dismissal.	s true to the best of my know		
□ I acknowledge that courses taken through Roan Promise will become a part of my the high schoo		ege's Career and College	
Applicant Signature	Date_		
□ I give permission for my child to participate in Community College and acknowledge courses to transcripts.			
Parent/Guardian Signature (if under 18:)		Date:	

Roanoke-Chowan Community College is an affirmative action/equal opportunity institution which makes no distinction in admission of students or in any activities on the basis of race, color, religion, sex, national origin, disability, age or political affiliation. It is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associates degrees, diplomas, and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Roanoke-Chowan Community College. Information regarding the completion or graduation rates for students at Roanoke-Chowan Community College is available in Student Services.