



Check the box in front of the college or skill center to identify where you plan to attend.

- Chandler-Gilbert Estrella Mountain Gateway Glendale Mesa Paradise Valley Phoenix Rio Salado Scottsdale South Mountain Estrella Mountain - Southwest Skill Center Gateway - Central City/Deer Valley

APPLICANT INFORMATION

Student ID# Term of Enrollment: Fall Spring Summer Year

Legal Name First Middle Last

Date of Birth Legal Sex Gender Identity Female Male Other Man Woman Trans male/trans man Trans female/trans woman Genderqueer/Gender non-conforming Other Identity

SSN# Your Social Security Number (SSN#) will not be used as your primary student identification number and will be kept confidential.

CONTACT INFORMATION

Address Apt#

City State Zip

Telephone Number Home Cellular

I give permission to the Maricopa Community Colleges to send SMS text messages and automated calls or other methods of communication by submitting this form.

NOTE: All students and employees are enrolled in the text-message ALERT notification system. In order to receive Emergency Alerts concerning health and safety of people on campus/sites via text-message, please be sure to provide your current cell phone number.

Email Address Home Other

VERIFICATION OF LAWFUL PRESENCE FOR RESIDENCY/TUITION CLASSIFICATION\*

\* These questions are asked for the purpose of determining tuition. Pursuant to A.R.S. §§1-502, 15-1802, 15-1802.01, 15-1803, a person who is not lawfully present in the United States is not entitled to classification as an in-state/in-county student.

- US Citizen
Permanent Resident: Alien Registration#
Refugee or Asylee: Alien Registration#
Foreign Non-immigrant with Visa: Country of Citizenship Specify Visa type Alien Registration/I-94 Number
Lawful Presence Otherwise Documented: Specify document(s)
AZ Department of Motor Vehicle License or AZ Photo ID Number:
Does not Apply: I am not requesting in-state tuition (skip this section)

DEMOGRAPHIC INFORMATION

RACE/ETHNICITY \*

Table with 4 columns: Question, Primary Y/N, Percentage, Ethnic Group/Tribe. Rows include Hispanic/Latino, American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White.

\*\* Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

Information Release - FERPA

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? Yes No

## PREVIOUS EDUCATION

### Previous College (check highest level completed)

Associate Degree  Bachelor Degree  Master Degree  No College or University  Some College while enrolled in HS  Some College no degree

### High School Status (check one box)

**High School Diploma** High School Name \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

**GED Certificate** Completion Date \_\_\_\_\_ State \_\_\_\_\_

**Currently Enrolled**  High School Name \_\_\_\_\_ State \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Home Taught \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

**No diploma or GED and under age 18**

**No diploma or GED and over age 18**

## FIRST GENERATION COLLEGE STUDENT

Have either of your parents completed a Bachelor's Degree?  **Yes**  **No**

## LANGUAGE BACKGROUND

What was the first language? \_\_\_\_\_ What is your current primary language? \_\_\_\_\_

## MILITARY

Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces?

If yes, select all that apply:

I am a current member of the US Armed Forces

**Yes**  **No**

I am a dependent of a member of the US Armed Forces

**Yes**  **No**

I am a former member of the US Armed Forces

**Yes**  **No**

## VEHICLE EMISSIONS AGREEMENT

*In accordance with Arizona Statutes 15-1444 and 15-1449, I hereby certify that my vehicle as required by Arizona Revised Statute 49-542 has passed a vehicle emission test. I also understand that false certification of this affidavit constitutes a class 2 misdemeanor in Arizona.*

*If I fail to comply with the above, I understand that I am prohibited from parking on college property and my vehicle is subjected to removal at my expense.*

**I acknowledge the above statement**  **I do not park on campus**

## RESIDENCY

**Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community College Governing Board.**

Will you reside in Arizona at the time of attendance?  **Yes**  **No**

What date did your present stay in Arizona begin? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

In what Arizona county do you reside? \_\_\_\_\_

If Maricopa, what date did you move to this county? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What Arizona county did you reside in prior to moving to Maricopa County? \_\_\_\_\_

Are you seeking admission under special Admissions Programs (Western Undergraduate Exchange or Rio Military)?  **Yes**  **No**

If yes, in which state do you currently reside? \_\_\_\_\_

## EDUCATIONAL PLAN

### Select a primary reason for attending this college:

Current high school student taking courses (dual or concurrent enrollment)

Current university student taking courses to meet university requirements

Earn a degree/certificate for transfer to another college or university

Earn a degree/certificate to enter or advance in the job market

Personal interest

Take courses for job skills

(do not intend to earn a degree/certificate)

Take courses to transfer

(do not intend to earn a degree/certificate)

## ACADEMIC PLAN

**What academic plan do you intend to earn from this college?**

**Degree** Name: \_\_\_\_\_ Code: \_\_\_\_\_  **Certificate** Name: \_\_\_\_\_ Code: \_\_\_\_\_

## REQUIREMENTS AND DISCLOSURES

I acknowledge that I have read the Maricopa Tuition and Fees Policy and the Maricopa Refund Policy. I understand that I am responsible for all tuition and fees related to my enrollment in the Maricopa Community Colleges.

If you are a student under the age of 18, additional permission will be required by a parent or guardian to enroll in courses, and accept responsibility for tuition and fees. Prior to enrollment in classes, please contact the Admissions, Records and Registration office at the institution you are interested in attending to provide the necessary consent.

I swear under penalty of perjury that the document(s) I will submit to determine lawful presence in the United States are true and the information I provide on the form is true and complete.

I certify that the answers on this application are true, correct, and complete.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACT'S PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.**

For crime statistics reported under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit [www.maricopa.edu/safety](http://www.maricopa.edu/safety). Policies can be found online through [www.maricopa.edu](http://www.maricopa.edu) or you may request a copy from Admissions and Records.