



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
[X] Scottsdale South Mountain GateWay - Maricopa Skill Center Estrella Mountain - Southwest Skill Center

APPLICANT INFORMATION

Student ID# Term of Enrollment: Fall Spring Summer Year

Legal Name Last First Middle

Date of Birth Social Security Number Sex\*\* M F Other

Your Social Security Number will not be used as your primary student identification number and will be kept confidential. Individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth.

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

CONTACT INFORMATION

Address Apt#

City State Zip

Telephone Number Home Mobile

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
None of the Above: Lawful Presence Otherwise Documented: Specify document(s)
AZ Department of Motor Vehicle License or AZ Photo ID Number:

DEMOGRAPHIC INFORMATION RACE/ETHNICITY\*

This is a two part question: Do you consider yourself to be Hispanic/Latino? Yes No If yes, which Ethnic Group? If you responded YES to the above and are of more than one race, select from additional ethnic categories below.

If you responded NO, please select one or more of the following racial/ethnic categories to describe yourself. If selecting more than one, please indicate which ethnic category you consider as your primary category. You may also include details regarding your ethnic group or Native American tribe if applicable.

Table with 3 columns: Category, Primary Y/N, Ethnic Group/Tribe. Rows include 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.

## PREVIOUS EDUCATION

### 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**

### Previous College *(check highest level completed)*

- Associate Degree**    **Bachelor Degree**    **Master Degree or higher**    **No College or University**    **Some College/University, no degree**

## FIRST GENERATION COLLEGE STUDENT

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

## LANGUAGE BACKGROUND

What was the first language you spoke as a child? \_\_\_\_\_  
What languages were spoken in your home when you were growing up? \_\_\_\_\_  
What language do you speak most often now? \_\_\_\_\_

## 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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Earn a degree/certificate to enter or advance in the job market           | <input type="checkbox"/> Take courses for job skills (do not intend to earn a degree/certificate)   |
| <input type="checkbox"/> Earn a degree/certificate for transfer to another college or university   | <input type="checkbox"/> Current High School Student Taking Courses (dual or concurrent enrollment) |
| <input type="checkbox"/> Current university student taking courses to meet university requirements | <input type="checkbox"/> Personal Interest  |
| <input type="checkbox"/> Take courses to transfer (do not intend to earn a degree/certificate)     |   |

## ACADEMIC LOAD

- What is your anticipated enrollment:**  0-5 Credits (Less than 1/2 Time)       6-8 Credits (Half-Time)  
 9-11 Credits (3/4 Time)       12 or more Credits (Full-Time)

## ACADEMIC PLAN

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

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

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)