

Residency Information:

Citizenship: U.S. Citizen Permanent Resident (enter Alien Registration Number): A-_____
 Student Visa (F or M-1) Other please specify: _____
Date you entered the U.S. ____ / ____ / ____
Month Day Year

Educational Information: Name of High School _____
Address of High School _____
High school graduation date: _____
Month Year

If not a HS graduate, where and when did you earn your GED: _____ / _____ / _____
Location Date

Universities/Colleges Attended: List all universities/colleges you have attended since high school. Official university/college transcripts and a declared academic program are required if you seek transfer credits or if you are applying to any health related program.

Name of University/College _____
Table with 3 columns: City/State, Dates Attended, Degree Earned

Student Information:

Country of Birth _____
Primary language: _____
Sex: M F
Are you a veteran? Yes No
Are you interested in EOF? Yes No

Educational Opportunity Fund, (EOF) is an academic and financial support program for full-time students who show potential to succeed but who have experienced disadvantages. Please refer to guidelines in the application packet.

Will you be attending: During the evening (check one) During the day Both

Would you like to participate in intercollegiate athletics? Yes No

Would you be interested in our Honor's Program? Yes No

During high school, did you participate in the Science, Math and Technology College Bound Program at Passaic County Community College? Yes No

Special Needs Services: The College serves students with learning, sensory or physical challenges. To take advantage of these services, you must provide documentation and contact the office at (973) 684-6395 prior to making a testing appointment.

Who influenced you to apply to PCCC?
 HS Guidance Counselor Parent/ Family Member
 PCCC Admission Staff Clergy / Spiritual
 PCCC Student PCCC Alumni
 Other _____

ALL APPLICANTS MUST SIGN HERE

I certify that the information on this application is correct and true to the best of my knowledge. I understand that the submission of false information may result in dismissal from the College. In addition, I understand that upon my enrollment, I will abide by the policies and regulations of the College.

Signature of applicant: _____

Date ____ / ____ / ____

Signature of parent (if applicant is under 18 years of age)

Date ____ / ____ / ____

No person acting within the scope of his or her authority and responsibility at Passaic County Community College shall discriminate on the basis of color, age, race, creed, sex, sexual orientation, national origin, ancestry, disability, marital or veteran's status.