



APPLICATION FOR ADMISSIONS

When do you plan to start college? Fall Winter Spring Year _____ Have you previously applied to Jackson College? Yes No

What influenced you to apply?

Family/Friend Employer High School Counselor/Teacher Mailings College Night Website Radio/TV Billboard

Personal Information

Legal First Name _____

Legal Middle Name _____

Legal Last Name _____

Suffix II III IV Jr. Sr.

Former Name _____

Social Security Number _____-_____-_____

Birth Date _____-_____-_____

Legal Gender Male Female

Are you serving/have you served in the Military? Yes No *Please provide a copy of your DD-214 for potential transfer credit evaluation.*

Eligible for Military educational benefits? Yes No

Spouse/child of a Service Member/Veteran? Yes No

Address _____

City _____

State/Province _____ ZIP _____

Country _____

Home Phone _____

Cell Phone _____

Message Phone _____

Email Address _____

Message Phone number is a number that JC may leave messages (voicemail, text messages and/or verbal messages with any person who answers at this number) with specific information related to JC (course enrollment, appointments, advising, financial aid, payments, admissions, etc.).

Citizenship Information

Is English your native language? Yes No

Are you a US Citizen? Yes No

Citizenship Status _____

Birth Country _____

Primary Non-US Citizenship _____

Visa Type _____

Social Insurance Type _____ *This applies to Canadian Citizens only*

Ethnic Information

This section is voluntary. Demographic Information is reported to the U.S. Office for Civil Rights under Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. It is not used in admissions decisions, and will not be used in a discriminatory way for participation in, access to, or benefits of programs or services of the College.

Are you Hispanic or Latino? Yes No

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Optional Disability Information

Do you have a documented disability that requires accommodations? Yes No *For example, workstation modification or a sign language interpreter.*

College Plans

What is your program of study? _____

What is your reason for attending?

- Associate Degree Certificate Personal Interest Continuing Education (workshops/seminars; non degree seeking)
 Job Skills Upgrade Transfer (to another college/university after JCC) Personal Enrichment (academic class; non degree seeking)

Expected Enrollment per Semester

- Less than Half Time (1–5 credits) Half Time (6–8 credits) Three Quarter Time (9–11 credits) Full Time (12 or more credits)

Campus Plans & Request for Information

Do you plan to apply for Financial Aid? Yes No Are you interested in campus housing? Yes No

Do you plan to apply for an honors program *Phi Theta Kappa (PTK)* Yes No

Academic History

High School or Home School Information

If you attended a Career Center, Vocational Education Center, or Technology Center, please list this as a secondary school.

High School Name _____ City _____

State/Province _____ Country _____

Actual/Anticipated Graduation Month _____ Actual/Anticipated Graduation Year _____

College Credit

Have you attended any of the following career/technology centers ?

- Hillsdale Workforce Development and Technology Center (HWDTC) Jackson Area Career Center (JACC) LISD Tech Center

Have you attended other colleges ? Yes No

If yes, please send official transcript for credit evaluation

Are you currently enrolled in college? Yes No

School Name _____ City _____

State/Province _____ Country _____

Did you graduate? Yes No Hours Earned _____

Degree Earned or Expected: _____ Degree Type: _____

Activities & Interests

Please check all extra curricular activities you participated in while attending high school or another college/university.

- Academic Honoraries Activist Organizations Arts Athletics Band/Orchestra Career Planning Choir
 Fitness Exercise Foreign Language Intramurals Political Organizations Religious Organizations Service Organizations
 Student Government Student Life Theatre

Certification

I certify that the information I have provided on this application is correct and complete to the best of my knowledge.

Signature _____ Date _____