



## HIGH SCHOOL STUDENTS

### READ ALL INSTRUCTIONS; COMPLETE ENTIRE APPLICATION

ALL TRANSACTIONS REQUIRE **PICTURE ID**

Paperwork must be completed **EVERY semester**

#### Concurrent Enrollment/Special Admissions Form:

**1. PRINT DOCUMENTS AND COMPLETE FORM PER INSTRUCTIONS:**

- REQUIRED** – Parent/Guardian signature
- REQUIRED** – School Official Signatures
- REQUIRED** – Unofficial HS Transcript
- REQUIRED** – If student is under 16 years of age, college instructor's signature is required to enroll in the course.
- REQUIRED** – Bring proof of citizenship/legal status – Driver's license, Driver's Permit, Birth certificate, Passport or Tribal ID if applicable. **(REQUIRED ONLY ONCE)**

*(FOR MORE INFORMATION ON ACCEPTABLE DOCUMENTS FOR PROVING A STUDENT'S CITIZENSHIP OR LEGAL STATUS FOR THE PURPOSE TO DETERMINE IN-STATE TUITION log on [www.maricopa.edu/Prop300](http://www.maricopa.edu/Prop300))*

**SUBMIT COMPLETE FORMS**, in person, to **SC-155** located on the SE Corner of the Student Center Building.  
**CALL TO MAKE AN APPOINTMENT** - 480-423-6497 or 480-423-6138.

SCC map can be found at: [http://www.scottsdalecc.edu/maps/scc\\_campus\\_map.html](http://www.scottsdalecc.edu/maps/scc_campus_map.html)

#### READ IMPORTANT INFORMATION:

**Taking a class that HAS a prerequisite?** (e.g. English (ENG), Reading (RDG), or Mathematics (MAT)). You WILL be required to take the placement test for the course you want to take.

**Taking a class that DOES NOT have a prerequisite?** (e.g. Psychology 101, Sociology 101 or any other courses). The State of Arizona requires that the student takes the Reading (RDG) placement test **UNLESS** the student has taken one of the following: **AIMS, ACT, PSAT or SAT**. The composite **SCORES** must be presented with the paperwork to complete the application and registration process. Check transcript to see if **AIMS** scores are posted on the transcript. If not, make sure that you have a copy of AIMS test results.

If a parent is registering a student – Written **AUTHORIZATION** from the student is **REQUIRED**. It must be signed and dated by the student. Parent must have picture ID. (Need more information? Call or send an email)

If you have any questions, feel free to contact the Early Outreach Programs Office at 480-423-6138, 480-423-6497, 480-425-6940 or email Elizabeth Ketterman at [elizabeth.ketterman@sccmail.maricopa.edu](mailto:elizabeth.ketterman@sccmail.maricopa.edu)

# Scottsdale Community College

## Student Information Form



<p><b>Have you ever applied to any Maricopa Community College?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Maricopa Student ID _____</p>	<p><b>FIRST GENERATION COLLEGE STUDENT</b> Are you a first generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(You are a first generation student if both parents or guardians (parent or guardian if only living with one) did not complete a bachelor's degree.)</i></p>
<p><b>TERM OF ENROLLMENT</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 Year _____</p>	<p><b>LANGUAGE BACKGROUND</b> 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? _____ Do you wish assistance with English fluency skills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>LEGAL NAME</b> <i>(Last, First, Middle)</i> _____</p>	<p>Please check one or more if you need help with... <input type="checkbox"/> Financial Aid <input type="checkbox"/> Writing Skills <input type="checkbox"/> Health Problem <input type="checkbox"/> Finding Work <input type="checkbox"/> Math Skills <input type="checkbox"/> Commuter information <input type="checkbox"/> Learning English <input type="checkbox"/> Personal Concerns <input type="checkbox"/> Work Experience Credit <input type="checkbox"/> Reading Skills <input type="checkbox"/> Learning Disability ** <input type="checkbox"/> Daycare information <input type="checkbox"/> Study Skills <input type="checkbox"/> Physical Disability ** <input type="checkbox"/> Mentoring <input type="checkbox"/> Other <input type="checkbox"/> Choosing a Major or Career</p>
<p><b>BIRTHDATE</b> _____ / _____ / _____ MONTH DAY YEAR</p>	<p>** If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resources (DSR).</p>
<p><b>GENDER **</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>EMPLOYMENT HOURS</b> planned per week while enrolled ** <input type="checkbox"/> 1-10 <input type="checkbox"/> 16-20 <input type="checkbox"/> 31 or more <input type="checkbox"/> 11-15 <input type="checkbox"/> 21-30 <input type="checkbox"/> None</p>
<p><b>SOCIAL SECURITY NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>MILITARY</b> Are you currently a member of the US Armed Forces stationed in AZ pursuant to military orders? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a dependent of a member of the US Armed Forces stationed in AZ pursuant to military orders? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>INFORMATION RELEASE:</b> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>RESIDENCY</b> Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community Colleges Governing Board. Will you reside in Arizona at the time of attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No What date did your present stay in Arizona begin? _____ What was your most recent state of residence prior to moving to Arizona? _____ In what Arizona county do you reside? _____ If Maricopa, what date did you move to this county? _____ What Arizona county did you reside in prior to moving to Maricopa county? _____</p>
<p><b>ETHNICITY **</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other</p>	<p>Are you seeking admission under the Western Undergraduate Exchange program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which state do you currently reside? _____</p>
<p><b>ADDRESS</b> _____ <b>APT#</b> _____</p>	<p><b>HOW DID YOU HEAR ABOUT THIS COLLEGE?</b></p>
<p><b>CITY, STATE</b> _____ <b>ZIP CODE</b> _____</p>	<p><b>EDUCATIONAL PLAN</b> Primary Reason for attending this college: <input type="checkbox"/> Improve my career skills <input type="checkbox"/> Prepare for employment <input type="checkbox"/> Learn new career skills <input type="checkbox"/> Transfer to University/College <input type="checkbox"/> Personal Interest/Self-improvement <input type="checkbox"/> Transfer within MCCC <input type="checkbox"/> Prepare for a career change Transfer to University/MCCC College: _____ Name of Transfer Institution _____ Area of Study _____</p>
<p><b>TELEPHONE NUMBER</b> <b>HOME</b> _____ <b>CELL</b> _____</p>	<p><b>VEHICLE EMISSIONS</b> <input type="checkbox"/> Car meets emission standards <input type="checkbox"/> Will not park on campus</p>
<p><b>E-MAIL ADDRESS</b> _____</p>	<p><b>ACADEMIC PLAN</b> What academic plan do you intend to earn from this college? Degree _____ Certificate _____ I certify that the answers on this Student Information Form are true, correct and complete. _____ Signature of Student _____ Date _____</p>
<p><b>CITIZENSHIP STATUS</b> These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Failure to answer the following questions may result in being classified as out-of-state for tuition and fee purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsifies his/her residency may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines. <input type="checkbox"/> United States Citizen <input type="checkbox"/> Legal Immigrant/Permanent Resident Date of Issue _____ and Expiration Date _____ and Alien Registration Number _____ <input type="checkbox"/> Lawful Refugee or Asylee Date of Issue _____ and Expiration Date _____ and Alien Registration Number _____ <input type="checkbox"/> Legal Nonimmigrant: • Specify visa or status _____ and Date of Expiration of I-94 _____ and • Alien Registration Number or I-94 Number _____ <input type="checkbox"/> Do Not Qualify for Any of the Above <input type="checkbox"/> Country of Citizenship _____ <input type="checkbox"/> AZ Department of Motor Vehicle License or ID Number _____ Date of Issue _____ and Date of Expiration _____ <input type="checkbox"/> Do not possess an AZ Department of Motor Vehicle License or ID Number</p>	<p><b>PREVIOUS EDUCATION</b> <b>SAIS NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Arizona Department of Education (ADE) Student Accountability Information System (SAIS) number</i> <b>High School Status (Check one box)</b> <input type="checkbox"/> High school diploma HS Name _____ State _____ Month _____ Day _____ Year _____ <input type="checkbox"/> GED certificate Month _____ Day _____ Year _____ <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> High school HS Name _____ State _____ Expected completion date _____ <input type="checkbox"/> Home taught Expected completion date _____ <input type="checkbox"/> No diploma or GED and <b>under</b> age 18 <input type="checkbox"/> No diploma or GED and <b>over</b> age 18 <i>Note: Students under age 18 require special permission to enroll. Contact Enrollment Services.</i> <b>Previous College (Check highest level completed)</b> <input type="checkbox"/> Associate Degree <input type="checkbox"/> No college or university <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Some college or university, no degree <input type="checkbox"/> Master Degree or higher</p>

**SPECIAL ADMISSIONS - CONCURRENT ENROLLMENT  
STUDENT MUST BE PRESENT WITH PHOTO I.D.**

Transactions will ONLY take place with completed form

**Please READ Instructions**

**BY Appointment ONLY - call 480-423-6138 or 423-6497**

Student Name:

Student ID#

**You may request Special Admissions if you:**

1. Are attending high school and are seeking either college credits or dual credits;
2. Are 16 or 17 years old, do not have a diploma or GED, and no longer attend high school;
3. Are under 16 years old

**REQUIRED: If requirements are NOT completed - registration will NOT occur**

1. Parent/Guardian Signature
2. School Official Signature
3. **Unofficial HS Transcripts**
4. Take applicable placement tests if taking ENG, RDG, or MAT
5. **If taking any other class - see information on first page for requirements - VERY IMPORTANT**
6. Secure the instructor's signature (if under 16 years old);
7. Proof of residency to determine tuition (Driver's License, Lerner's Permit, DMV I.D., Birth Cert. or Passport

*(SEE [www.maricopa.edu/Prop300](http://www.maricopa.edu/Prop300) for more information)*

Special Admissions/ACE Office 480-423-6138 - Fax 480-423-6281 - [elizabeth.ketterman@sccmail.maricopa.edu](mailto:elizabeth.ketterman@sccmail.maricopa.edu)

**ACE information: [www.scottsdalecc.edu/ACE](http://www.scottsdalecc.edu/ACE)**

**Class information: [www.scottsdalecc.edu](http://www.scottsdalecc.edu)**

**OFFICE LOCATION: SE CORNER OF THE STUDENT CENTER BLDG. - SC-155**

**1. REQUESTED COURSE(s):**

Course Prefix	Course No.	Section No.	Credit Hours	Instructor/Advisor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2. PARENT OR GUARDIAN COMPLETE:**

I understand the conditions under which \_\_\_\_\_ is enrolling in Scottsdale Community College as a student and grant permission for such enrollment. I accept full responsibility for such enrollment. I accept full financial responsibility for tuition, fees, books, etc.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**3. HIGH SCHOOL OFFICIAL COMPLETE:**

I am recommending the above-named student for admission/enrollment in the course(s) listed above for the  
 Fall     Spring     Summer term at Scottsdale Community College.

\_\_\_\_\_  
Signature of school designee

\_\_\_\_\_  
Date

**4. COLLEGE USE ONLY                      (    ) Approved                      (    ) NOT APPROVED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Dir. Early Outreach Programs/Special Admissions