



ADMISSIONS FORM

Community College of Vermont

Preferred Title Mr. Ms. Mrs. Miss

NAE

Legal Name _____ Suffix Jr. Sr.
Last First Middle (please supply)

If you have academic records under another name, please indicate:

Last First Middle (please supply)

Street Address _____

City _____ State _____ Zip _____

NAE/ADSU/ADR

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Phone 1 _____ Type: Home Business Fax Cell/Mobile Pager TTY

NAE

Phone 2 _____ Type: Home Business Fax Cell/Mobile Pager TTY

Social Security Number (required to process application) _____ - _____ - _____

Date of Birth _____ / _____ / _____

The following optional information is used for statistical reporting to federal agencies to assure equal opportunity for all students, and will not be used by CCV to make any decisions pertaining to your enrollment.

Gender Male Female **Ethnic Background** (choose one) American Indian/Alaskan Native Asian/Pacific Islander
 Black, Non-Hispanic Hispanic White, Non-Hispanic Non-resident Alien

Do you have a disability? Yes No

E-mail Address (required for all online students) _____

APPN

Program Information Semester you plan to enroll: Fall Spring Summer Year _____

Please indicate your first choice of academic program by checking the appropriate box:

Associate of Arts (A.A.)

- Communication V.AA.COM
- Early Childhood Education V.AA.ECE
- Education V.AA.EDS
- Graphic Design V.AA.GDS
- Individualized Degree Program V.AD.IDV
- Liberal Studies V.AA.LIB
- Visual Arts V.AA.ART

Associate of Science (A.S.)

- Accounting V.AS.ACC
- Business V.AS.BUS
- Criminal Justice V.AS.CRJ
- Computer Systems Mgmt. V.AS.CSM
- Human Services V.AS.HMS
- Office Management V.AS.OMG

Associate of Applied Science (A.A.S.)

- Computer Aided Drafting V.AAS.CAD
- Massage Therapy & Bodywork V.AAS.MTB
- Network Administration V.AAS.NWA
- Opticianry V.AAS.OPT
- Web Design & Administration V.AAS.WDA

Undecided Major – Degree Seeking Student

- Undeclared Major V.AD.UND

Life-long Learner – Non-Degree Student

- Non-degree V.NDU

Certificate

- Allied Health Prep V.CT.AHP
(for students pursuing nursing and allied health careers)
- Computer Business Apps. V.CT.CBA
- Childcare V.CT.CHC
- Computer Systems Mgmt. V.CT.CSM
- Entrepreneurial Training V.CT.EPT
- Essential Workplace Skills V.CT.EWS
- Health Care Office Assistant V.CT.HEC
- Lab Assistant V.CT.LAB
- Massage Therapy & Bodywork V.CT.MTB
- Paraeducator V.CT.PAR

Pre-Nursing Coursework Specialization

Primary CCV Location (choose one)

- Bennington
- Brattleboro
- Burlington
- Middlebury
- Montpelier
- Morrisville
- Newport
- Online Learning
- Rutland
- Springfield
- St. Albans
- St. Johnsbury
- Upper Valley
(White River Jct)

Admission Status (choose one)

NAE

- High-school student (taking high school and CCV courses at the same time)
- First year (first time attending college)
- Transfer (have previous college credits or coursework)
- Re-admission (have previously attended CCV)
- Non-Degree Student (non-matriculating)

Educational Goal (choose your ultimate educational goal)

- | | | |
|--|--|---|
| <input type="checkbox"/> P.E. Personal Enrichment | <input type="checkbox"/> A.A.S. Associate of Applied Science | <input type="checkbox"/> M.S. Master of Science |
| <input type="checkbox"/> C.T. Certificate | <input type="checkbox"/> B.A. Bachelor of Arts | <input type="checkbox"/> M.B.A. Master of Business Administration |
| <input type="checkbox"/> A.A. Associate of Arts | <input type="checkbox"/> B.S. Bachelor of Science | <input type="checkbox"/> M.D. Medical Doctor |
| <input type="checkbox"/> A.S. Associate of Science | <input type="checkbox"/> M.A. Master of Arts | <input type="checkbox"/> J.D. Law Degree |
| | | <input type="checkbox"/> Ph.D. Doctorate |

Do you plan to attend Full time (12 credits or more) Part time (less than 12 credits)

Will you be applying for financial aid? Yes No

Residence and Citizenship

APPN/Addnl Info/FPER

State of Legal Residence _____ If VT, have you maintained legal residence in Vermont for the last 12 months? Yes No

Are you applying under the New England Board of Higher Education (NEBHE) program? Yes No

Are you a U.S. citizen? Yes No

If you are not a U.S. citizen, what is your country of citizenship? _____

What is your country of birth? _____ What is your native language? _____

Do you plan to attend CCV full-time on an F1 student visa? Yes No

What is your immigration status?

- I am a permanent resident of the U.S. I am a refugee/asylee I am applying for an F1 student visa
 I am a temporary resident in the U.S. on another kind of visa (work exchange, visitor, au pair, etc.)

How did you first learn about CCV?

APPN/Infl to Apply

- | | | | | |
|---|---|-----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Publication | <input type="checkbox"/> College fair | <input type="checkbox"/> Web Site | <input type="checkbox"/> Teacher | <input type="checkbox"/> Student |
| <input type="checkbox"/> Alumnus/Alumna | <input type="checkbox"/> Guidance counselor | <input type="checkbox"/> Employer | <input type="checkbox"/> Admissions rep | <input type="checkbox"/> Other |

Emergency Contact

APPN/Addnl Info/EMER

Name _____ Phone Number _____

Name of High School _____ City _____ State _____ IASU/HSA

Were you home-schooled? Yes No If yes, date of completion _____

Did you or will you graduate from high school? Yes No If yes, date of graduation _____

Do you hold a high school equivalency (GED)? Yes No If yes, date of completion _____

Have you enrolled in a Vermont technical center? Yes No If yes, which center have you attended? _____

If you are applying to attend CCV as a degree or certificate student and have previously attended another college, you must complete the two steps below to transfer your previously earned college credit to CCV. Transcripts are not required from non-degree students. IASU/INAT

STEP 1. List all colleges or universities from which you are requesting transcripts to be sent to CCV with the most recent institution first. Include Vermont State Colleges Office of External Programs (OEP) assessed credits.

Name of College _____ City _____ State _____

Name of College _____ City _____ State _____

Name of College _____ City _____ State _____

STEP 2. Please submit official transcripts of all previous college work to CCV, PO Box 120, Waterbury, VT 05676. IASU/HSA

Are you a first-generation college student? Yes, neither of my parents has earned a 4-year degree. No, one or both of my parents has earned a 4-year degree.

Have you taken CCV's basic skills assessments? Yes No If no, please contact your CCV office.

By submitting this admissions form I certify that all of the above information is accurate and complete. I understand that withholding information requested in this form or giving false information may make me ineligible for admission or continuation at a Vermont State College institution. I understand that I may access all CCV policies pertaining to students at www.ccv.edu/policy.

In addition, I understand that the VSC maintains a single course database, student records system and official transcript for all VSC colleges (CCV, CSC, JSC, LSC, VTC). As a student of a VSC college, if I should apply to another VSC college, I understand that my official transcript will be reviewed electronically by the admissions office at the VSC college to which I am applying. By signing below, I grant permission for an electronic review of my official VSC transcript by the admissions office at the VSC college to which I am applying.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

(If applicant is under 18 years of age)

NOTE: Credits earned at the Vermont State Colleges are transferable to other colleges only at the discretion of the receiving institution. Applicants who have any disability (physical or learning) or who have limited English proficiency are encouraged to contact a CCV advisor so that special accommodations can be made in the admissions process and/or in the classroom. The Vermont State Colleges do not discriminate on the basis of race, color, national origin, sex, religion, age, veteran status, sexual orientation, or disability in employment or the provision of services.

revised 11/19/04

PLEASE SUBMIT THIS COMPLETED FORM TO THE CCV LOCATION WHERE YOU PLAN TO ENROLL.