



# APPLICATION FOR ADMISSION

page 1 of 4

## ENROLLMENT DATA

Semester for which you are applying:  Fall  Spring  Summer Year: \_\_\_\_\_

## APPLICANT INFORMATION

Legal Name: \_\_\_\_\_  
Last First Middle

Former Name(s): \_\_\_\_\_ Gender:  Male  Female

Social Security Number (optional): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Students who do not have a SSN may submit the application without it.) MM DD YY

## RACE AND ETHNICITY

Please indicate the race or ethnicity with which you identify. This information is **voluntary** and *will not* affect your admission to CCDC.

- |  |   |
|--|---|
| <input type="checkbox"/> African-American/Black (not of Hispanic origin)                 | <input type="checkbox"/> Asian                                    |
| <input type="checkbox"/> Pacific Islander  | <input type="checkbox"/> Caucasian/White (not of Hispanic origin) |
| <input type="checkbox"/> Hispanic/Latino (Spanish culture or origin, regardless of race) | <input type="checkbox"/> American Indian/Alaskan Native           |
| <input type="checkbox"/> Middle Eastern/Arab decent                                      | <input type="checkbox"/> Multiracial and/or Multi-ethnic          |
| <input type="checkbox"/> Other (please specify): _____                                   |   |

Permanent Address: \_\_\_\_\_  
Street

City State Zip County/Ward

Mailing Address: \_\_\_\_\_  
Street

City State Zip County/Ward

Telephone Number (Home): (\_\_\_\_\_) \_\_\_\_\_ Telephone Number (Work): (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Telephone Number (Cell): (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Area Code

## CITIZENSHIP AND LANGUAGE

Are you a United States citizen?  Yes  No City and State of Birth: \_\_\_\_\_

If not, are you a Permanent Resident?  Yes  No

If No: Visa Type: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Students who do not have a visa may submit the application without it.

Is English your first language?  Yes  No If No, what is your first language? \_\_\_\_\_

# APPLICATION FOR ADMISSION

page 2 of 4



## INTERNATIONAL STUDENT INFORMATION

Have you ever enrolled in an English as a Second Language (ESL) Program?  Yes  No

If Yes, where? \_\_\_\_\_

## HIGHEST EDUCATIONAL LEVEL

Please check one option only.

High School Diploma  GED Year: \_\_\_\_\_ GED#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Some College Completed  Undergraduate Certificate  Associate's Degree

Bachelor's Degree  Master's Degree  Doctoral Degree

Other Advanced Degree  Professional Degree (J.D., M.D., D.D.S., L.L.B.)

Name of high school: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Have you previously attended the University of the District of Columbia or its predecessor schools (DCTC, FCC, WTI)?

Yes  No If Yes, last semester enrolled: \_\_\_\_\_

## DEGREE/CERTIFICATE PROGRAM OF STUDY

In which Degree/Certificate Program are you planning to enroll? (Please use Degree/Certificate Programs list on page 4 of application.) Program Name: \_\_\_\_\_

Basis of Admission:

First-time freshman  Non Degree (special)

Transfer

Readmission

\* Special students may enroll for ONE semester only. Special students must reapply each semester they wish to take courses.

## PREVIOUS COLLEGE

College/University Name	State	Dates Attended	Graduation Date	Degree Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please submit all official highschool, GED, and college transcripts with your CCDC application in order to be admitted.

# APPLICATION FOR ADMISSION

page 3 of 4



## ADDITIONAL INFORMATION

The following information is voluntary.

How did you first hear about the Community College of the District of Columbia?

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## MILITARY STATUS

Are you a United States veteran?  Yes  No Are you currently on active military duty?  Yes  No

Are you currently a dependent of an active military family?  Yes  No

## FAMILY EDUCATIONAL BACKGROUND

What is the highest level of education achieved by your parents?

	Father	Mother		Father	Mother
High School	<input type="checkbox"/>	<input type="checkbox"/>	Some College	<input type="checkbox"/>	<input type="checkbox"/>
Associate's Degree	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's Degree or Above	<input type="checkbox"/>	<input type="checkbox"/>

## EDUCATIONAL GOALS

Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Certificate (Credit)   | <input type="checkbox"/> Personal Development Course(s)         |
| <input type="checkbox"/> Improve English skills   | <input type="checkbox"/> Transfer with an Associate's Degree    |
| <input type="checkbox"/> Job Preparation/Retraining   | <input type="checkbox"/> Transfer without an Associate's Degree |
| <input type="checkbox"/> Fulfilling Another College's Requirement(s)                              | <input type="checkbox"/> Associate's Degree                     |
| <input type="checkbox"/> Fulfilling the University of the District of Columbia (UDC) Requirements | <input type="checkbox"/> Unsure                                 |
|   | <input type="checkbox"/> Other Goal _____                       |

## EMPLOYMENT INFORMATION

Full-time  Part-time  Unemployed  Name of Employer: \_\_\_\_\_

City/State of Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Does your employer have a tuition reimbursement program?  Yes  No

# APPLICATION FOR ADMISSION

page 4 of 4



## APPLICANT SIGNATURE

*If admitted, the applicant is willing to abide by all rules and regulations of CCDC and recognizes that any misleading information given in the application may be cause for dismissal.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*If the applicant is a minor (under 18 years of age), a signature of a parent or guardian is required, approving the application and assuming financial responsibility for the student making this application in accordance with the conditions and terms of CCDC.*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

The Community College of the District of Columbia provides equal opportunity to all persons regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, physical disability, political affiliation, source of income or place of residence, in accordance with the provisions of the DC Human Rights Act of 1977 (DC Law 2-38).

## DEGREE/CERTIFICATE PROGRAMS OF STUDY

### ASSOCIATE'S DEGREE PROGRAMS

Administrative Office Management  
Architectural Engineering Technology  
Automotive Technology  
Aviation Maintenance and Technology  
Business Technology  
Computer Accounting Technology  
Computer Science Technology  
Construction Management  
Corrections Rehabilitation  
Education  
Fashion Merchandising  
Fire Science Technology  
Graphic Communications Technology  
Graphic Design

Hospitality Management and Tourism  
Law Enforcement  
Legal Assistant  
Liberal Studies  
Mortuary Science  
Music  
Nursing  
Respiratory Therapy

### CERTIFICATE PROGRAMS

Nursing Assistant  
Office Technology  
Practical Nursing