



## REGISTRATION FORM PLEASE PRINT

(Some programs of study require a social security number in order to comply with Admission's background check and drug testing requirements.)

Today's date:					
STUDENT INFORMATION					
Last name:	First:	Middle:	Birth date: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			City:	State, ZIP Code:	
Contact phone #:		Social Security#:	Email address:		
Ethnicity: <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other		Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but work authorized		

MILITARY/DISABILITY/EMPLOYMENT/SCHOOL INFORMATION					
DISABILITY INFORMATION					
Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percent?			
EMPLOYMENT INFORMATION					
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what is your employer's name?			
If yes, what is your occupation?		What is your current monthly gross earnings? \$			
If no, what is your career/employment goal?					
MILITARY INFORMATION					
Have you completed your Selective Service Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Are you a US Military Veteran?	Branch of Military Service	From (dates) / /	To (dates) / /	Are You a Spouse to a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
SCHOOL INFORMATION					
What program/field of study are you interested in?			Highest Educational Level Completed:		
What is your educational goal? <input type="checkbox"/> Non-credit certificate completions <input type="checkbox"/> Credit 1 year certificate <input type="checkbox"/> Credit less than 1 year certificate			<input type="checkbox"/> Less than HS Diploma/ no GED <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College, no degree <input type="checkbox"/> Completed AA/AAS degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Study above Bachelor's		

OFFICE USE ONLY		
Acceptance Date to SkillUP Program:	Student ID:	Declared Major:
Financial Aid Status:	Pell Grant Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verify Status		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Non Credit Student		Credit accepted for prior learning		<input type="checkbox"/> Yes <input type="checkbox"/> No Credits: _____					
Assessment Scores			Date Taken		Source: <input type="checkbox"/> Accuplacer <input type="checkbox"/> ACT <input type="checkbox"/> WorkKeys/NCRC <input type="checkbox"/> Other						
Reading Score				Level: <input type="checkbox"/> College Level <input type="checkbox"/> One Level Below <input type="checkbox"/> Two Levels Below <input type="checkbox"/> Three Levels Below		• Refer to ACCUPLACER Placement Guide for Levels					
English Score				Level: <input type="checkbox"/> College Level <input type="checkbox"/> One Level Below <input type="checkbox"/> Two Levels Below <input type="checkbox"/> Three Levels Below							
Math Score				Level: <input type="checkbox"/> College Level <input type="checkbox"/> One Level Below <input type="checkbox"/> Two Levels Below <input type="checkbox"/> Three Levels Below							
Campus Code		Program Code			Term Code	Semester Start Date					
Credit/Non Credit Code				Entering Student Status		<input type="checkbox"/> New, first-time any college <input type="checkbox"/> Previously attended any college <input type="checkbox"/> Returning student from current college		Term Credit Hours Attempted:			
								Term GPA:			
								Term Credit Hours Completed:			
Pre WorkKeys Assessment			Date Taken:								
Applied Math		Score: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5		<input type="checkbox"/> Transitions Course <input type="checkbox"/> AAS Health Information Management <input type="checkbox"/> Certificate <input type="checkbox"/> CMT program							
Reading for Information		Score: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5									
Locating Information		Score: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5									
<b>EXIT USE</b>											
Exit Date from Program:											
Post WorkKeys Assessment			Date Taken:		Program Completed						
Applied Math		Score: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5		<input type="checkbox"/> Transitions Course <input type="checkbox"/> AAS Health Information Management <input type="checkbox"/> Certificate <input type="checkbox"/> CMT program							
Reading for Information		Score: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5									

Locating Information	Score: <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 5		