

Enrolling for: (Check One)

Fall  Spring  Summer Year to Enroll \_\_\_\_\_

Which Phillips College campus do you plan to attend?

(Check all that apply)  DeWitt  Helena  Stuttgart

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Full Name:

(Last Name) \_\_\_\_\_

(First Name) \_\_\_\_\_ (MI) \_\_\_\_\_

3. Mailing Address:

(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_

(State/Zip) \_\_\_\_\_ (County) \_\_\_\_\_

(Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

Place of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(City, State)

5. How long have you lived in Arkansas? \_\_\_\_yrs. \_\_\_\_mos.

6. How long have you lived in Phillips or Arkansas County?  
\_\_\_\_yrs. \_\_\_\_mos.

\*7. Race-Ethnic Category:  01: Non-Resident Alien  
 02: Black, Non-Hispanic  03: American Indian/Alas  
 04: Asian or Pacific Islander  05: Hispanic  
 06: White, Non-Hispanic  07: Race/Ethnicity Unknown

8. International Students: If you are not a citizen of the United States, what is your country of citizenship?  
\_\_\_\_ Visa Type? \_\_\_\_\_

\*9. Sex:  Male  Female

10. Name of High School Attended: \_\_\_\_\_

(City, State) \_\_\_\_\_  
(If current high school student, list grade level \_\_\_\_\_)

11. High School Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

12. If you are not a high school graduate and have passed the G.E.D. or hold an equivalency diploma, indicate:

Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

State Issued GED \_\_\_\_\_

13. Check highest educational level completed by:

Mother:  high school  some college  
 2-year college degree  4-year college degree  
Father:  high school  some college  
 2-year college degree  4-year college degree

14. Have you previously attended PCCUA?  Yes  No

If yes, please indicate the name under which you last attended:

(Last Name) \_\_\_\_\_

(First Name) \_\_\_\_\_

15. List all the colleges & universities previously attended in order of attendance, including any attendance at PCCUA.

Dates Attended	Institution	Credit Hrs. Earned
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

16. What will be your program of study while at PCCUA?

17. Name of and address of parent or legal guardian (Students 21 years of age or older are not required to give parent's name and address.)

(Street Address) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

18. Your e-mail address: \_\_\_\_\_

19. Have you ever been convicted of a felony?  Yes  No  
If yes, explain:

\_\_\_\_\_

20. I hereby make application for admission to PCCUA and agree to abide by the regulations of the college while I am a student. I furthermore declare that the information on this application is complete and accurate.

21. Applicant's Signature: \_\_\_\_\_

22. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

\*Used for Federal Reporting Only