



State Fair

Community College

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.)

Office Use Only

Referral Source

- ☐ ABC _____ Date _____
- ☐ Inst. Referral
- ☐ CSC
- ☐ Foundation Seminar
- ☐ Scholarship Recipient
- ☐ MoSTEMWINS
- ☐ Other _____

Office Use Only

Data Entry

- ☐ Toolbox _____ Date _____
- ☐ Master Spreadsheet
- ☐ Other _____ Date _____
- ☐ File

Today's date: _____

Student ID # _____

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 | | | TAA/TRA INFORMATION | |
|---|--|---|--|--|
| Are you disabled? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what percent? | Are you eligible for TAA/TRA benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYMENT INFORMATION | | | | |
| Are you currently employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who is your employer? | | |
| If no, do you receive Unemployment Benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | What is your occupation? _____ | | |
| What is your current monthly gross earnings? \$ _____ | | | | |
| MILITARY INFORMATION | | | | |
| 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 | | | | |
| Are you currently attending _____ College? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Highest Educational Level Completed: | |
| Semester: | Are you Full time or Part time? | | <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 | |
| <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER | <input type="checkbox"/> Full Time (12 or more credit hours for fall/spring, 6 or more credit hours for summer) <input type="checkbox"/> Part Time (less than 12 for fall/spring, less than 6 for summer) | | | |
| Year: _____ | | | | |
| What is your major? | | | | |
| If UNDECIDED , what majors are you considering? | | | | |
| What is your educational goal? | | <input type="checkbox"/> Non-credit certificate completions <input type="checkbox"/> Credit less than 1 year certificate <input type="checkbox"/> Credit 1 year certificate <input type="checkbox"/> Credit Associate Degree | | |

This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

OFFICE USE ONLY

| | | | | | |
|--|-------------------------|---|------------------------------|--|--|
| Acceptance Date to MSW 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: | | MHW Completed | |
| Score: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5 | | 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 | |
| Applied Math | | | | | |
| Reading for Information | | | | | |
| Locating Information | | | | | |

EXIT USE

| | | | | | |
|--|--|--|--|---|--|
| Exit Date from Program: | | | | | |
| Post WorkKeys Assessment | | Date Taken: | | MSW Completed | |
| Score: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5 | | 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 | |
| Applied Math | | | | | |
| Reading for Information | | | | | |
| Locating Information | | | | | |



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