

Early Admission Application

FOR OFFICE USE ONLY
Student No. _____

1. Name _____
LAST NAME FIRST NAME MIDDLE FORMER (if applicable)

2. Address _____
NUMBER STREET APT. CITY STATE ZIP
Student must provide a street address; a P.O. Box cannot be used to determine residency for tuition purposes.

3. County of residence St. Clair Sanilac Macomb Huron Lapeer
 Other _____

4. Phone () _____ **Alternate** () _____

5. Email address _____ @ _____ **UIC Number** _____
Contact your high school counselor for your unique identification code.

6. Social Security Number _____ / _____ / _____ **Date of birth** _____ / _____ / _____
MONTH DAY YEAR
You are required (by the federal government) to provide your SSN if you will be applying for federal financial aid or will need your tuition information for federal tax credits.

7. This optional information provided is held confidential and is not used by SC4 for admission purposes.

- a. Ethnicity:** HISPANIC/LATINO NON-HISPANIC/NON-LATINO
- b. Race:** AMERICAN/ALASKA NATIVE BLACK/AFRICAN AMERICAN WHITE NON-RESIDENT ALIEN
 ASIAN HAWAIIAN/PACIFIC ISLANDER RACE/ETHNICITY UNKNOWN
- c. Gender:** MALE FEMALE

8. Are you a dependent of a veteran, an active member of the military, a member of the National Guard or military reserves?
 Yes No

9. If yes, then please check one of the following: Active Duty Military Reserves National Guard Veteran
 Branch of service: _____

10. Starting semester: **FALL 20** ____ (begins in August)
 SUMMER 20 ____ (begins in May)
 WINTER 20 ____ (begins in January)

11. What is your intended program of study?
(See detail on Programs of Study for five-letter program code.)
 Program description: _____

12. High school information

_____ NAME OF HIGH SCHOOL CURRENTLY ATTENDING _____ CITY/STATE

Grade in which you are currently enrolled: 9 10 11 12 **Anticipated date of graduation:** _____ / _____
MONTH YEAR

13. Additional signatures

- By checking this box, I give my consent to St. Clair County Community College to review my academic record and confer an educational credential upon satisfaction of all degree/certificate requirements.
- I certify that all answers I have given are complete and accurate, and hereby grant SC4 permission to release any records requested by my high school.
- I understand that my high school may hold me responsible for reimbursement of tuition and fees should I fail a course(s) for which the school district paid.
- I understand that the official policies and procedures of SC4 are published in the College Catalog at sc4.edu/catalog.

Parent/legal guardian's signature (not required if age 18 or older) _____
Date

Applicant's signature _____
Date

14. Intended course(s) of enrollment

Filling in course information directly below **does not** automatically enroll a student for his/her course(s). Students **must register** for classes. (Reminder: Students may register by completing the registration form in question 15, online via their SC4 Portal, or in the One-stop Student Service Center, first floor, SC4 Welcome Center on the Port Huron campus.)

Course will be used to fulfill high school graduation requirements	Course Discipline/ Number	Section #	Credit Hours	Contact Hours	Course will be paid for through dual enrollment	Payment cap	Dual enrollment approved If yes, principal must Initial
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	_____ PRINCIPAL'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	_____ PRINCIPAL'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	_____ PRINCIPAL'S INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	_____ PRINCIPAL'S INITIALS

Approved for dual enrollment

This form must be signed by the high school principal to approve participation in dual enrollment at SC4. In addition, the high school principal must initial in the box above indicating the school's payment responsibility and payment cap that may be applicable.

Principal's signature _____
Date

15. Register for classes

REGISTER / ADD		
Dept.	Course #	Sect. #
Example SC4	101	01

- I accept responsibility for the selection of the class(es) listed above, including prerequisites. I understand that I am responsible for all tuition and fees the school district does not pay. This includes, but is not limited to, the non-refundable student fee for dropped courses. I am responsible for all adjustments to my schedule by the appropriate deadline dates.
- I understand that it is my responsibility to drop my course(s) should I decide to not participate as a High School Guest or Dual Enrolled student, or if I move away from the school district that originally agreed to pay my tuition.
- I understand that dropping a class(es) with a "W" grade may impact my eligibility for financial aid in future semesters. I accept the responsibility for contacting the Financial Aid office at (810) 989-5530 with questions concerning how a "W" grade may affect any future award amounts.
- I accept that it is my responsibility to confirm my status as enrolled, waitlisted or ineligible for a class based on the information I provided above. I understand that I can access my class schedule through my SC4 Portal or by visiting the One-stop Student Service Center (first floor, SC4 Welcome Center).

Print Name: _____ **SC4 Student number or SSN:** _____

Signature: _____

Disabilities: For information regarding services provided by SC4, contact the Achievement Center at (810) 989-5759.

Visit www.sc4.edu/resources for information relating to higher education federal regulations, as well as college policies and statistics.