

Today's Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Your social security number will be your official student number. Please **BE SURE** that you write the number **EXACTLY** as it appears on your social security card. To ensure accuracy we may require a photocopy of your social security card.

Gender/Sex

Male  Female

Last \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Maiden \_\_\_\_\_

Home Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

State of Legal Residence (if not Alabama see Residency Certification): \_\_\_\_\_

Telephone/Email

Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Person to contact in case of emergency

Telephone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of Birth

Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

City & State of Birth \_\_\_\_\_

**Semester of Enrollment**

Fall (August-December)

Spring (January-May)

Summer (May-August)

Year \_\_\_\_\_

**CITIZENSHIP**

U.S. Citizen

Permanent Resident (official card required)

Exchange Student

Foreign (Visa Type \_\_\_\_\_)

Indicate country of citizenship if other than U.S.: \_\_\_\_\_

**INTENDED PROGRAM OF STUDY/MAJOR** Ex: Nursing, Barbering, etc. **(Required)**

**OPTION**

**AA/AS** - earn a degree & transfer to another college/university

**AAS/AOT** - earn a degree in career/ occupational program

**CER** - earn a certificate in a career/ occupational program

**NCA** - no collegiate award (degree or certificate) sought

**Entry Status**

First time freshman-HS (List high school information below)

First time freshman-GED (List GED information below)

1-First time freshman-Not HS Graduate (List high school and highest grade level below)

Transfer Student (List college(s) below)

Transient Student (List college below)

Re-admit (returning Lawson student; list any other college(s) attended below)

<sup>2</sup>Accelerated High School Student

<sup>2</sup>Dual Enrollment High School Student

<sup>3</sup>International Student

1 - Those without high school diploma or GED must take "Ability-to-Benefit" test. Contact the Division of Student Services

2 - Must complete the Accelerated/Dual page

3 - Must complete International Student Supplementary Information Sheet

**HIGH SCHOOL INFORMATION**

High School (Last Attended) \_\_\_\_\_

Award Type

Advanced

Standard

Occupational

Certificate

Expected Date of Graduation \_\_\_\_\_

**GED INFORMATION**

Testing Center \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

The following information is for federal/state reporting requirements. The information provided below will not in any way affect the admission decision. Please check those items that apply (race and ethnicity).

American Indian or Alaskan Native

Black or African American

White

Asian

Native Hawaiian or other Pacific Islander

Hispanic or Latino

**MARITAL STATUS**

MARRIED  SINGLE

**SPECIAL PROGRAM**

Are you attending the College under a special program? If so, please indicate below.

JCCEO

WIA

Other(s) \_\_\_\_\_

**COLLEGE/UNIVERSITY INFORMATION PRIOR COLLEGE(S)**

College Name \_\_\_\_\_

Date(s) Attended \_\_\_\_\_

Degree Earned \_\_\_\_\_

Y  N

Y  N

Y  N

Y  N

Are you on probation or suspension from any college/university attended?

Y  N If yes, explain \_\_\_\_\_

**Note: Any applicant who is currently on suspension from another institution must submit a written appeal for admission to the Director of Admissions/Registrar and the Admissions Appeals Committee.**

I certify that I comply with the provisions of the United States Military Selective Service ACT (50U.S. App. 453) by having registered with the Selective Service Board, or that I am not yet 18 years of age and I will register when required by the law to register, or that I am not required to register (Required by State of Alabama Legislative Act 91-584.).

I hereby attest that the information given above is accurate and complete to the best of my knowledge. I understand that submission of false or misrepresented information subjects me to refusal of enrollment, to dismissal, or to suspension as a student at Lawson State Community College.

I do hereby release and absolve Lawson State Community College and its instructors or agents of any liability that might occur as a result of accidental injury during my tenure as a student.

I further agree to assume responsibility for payment of tuition and fees, where applicable, as adopted by the Alabama State Board of Education.

Signature of the Applicant \_\_\_\_\_

Date \_\_\_\_\_