



OFFICE OF ADMISSIONS
 One Education Drive
 Garden City, NY 11530-6793
 Tel 516.572.7345
 ncc.edu/admissions

APPLICATION FOR HIGH SCHOOL ENRICHMENT

PLEASE READ THE INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM

HAVE YOU APPLIED FOR THE UPCOMING FALL ADMISSION AND/OR ATTENDED NCC? Yes No

Your Social Security Number _____ - _____ - _____ **Anticipated Semester** **Fall** **Spring** **Summer**

(Enter your **United States of America** SSN. This number is confidential and, under federal law, it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purposes of state and federal financial aid, Hope Lifetime Learning tax credits, institutional assessment, academic transcripts, or accountability research.)

Name
 Last _____ First _____ Middle _____

Permanent Address:
 House number and Street _____ Apt. # _____
 City _____ State _____ Zip _____

How long have you resided in Nassau County? _____ Years **How long have you resided in New York State?** _____ Years

Home Telephone: (_____) _____ - _____ **Cellular Number:** (_____) _____ - _____
 Area Code Area Code

Gender: Male Female **Date of Birth:** _____/_____/_____ (MM/DD/YYYY)

Citizenship Status (CHECK ONLY ONE):

Citizen of the United States of America: Yes No (Country of citizenship _____ and check your status below)

- Legal permanent resident of the United States (Attach a copy of your permanent resident card)
- Have a visa (please identify) A,B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, R, S, T, U, V (Attach a copy)
- Status Pending or Other (specify) _____

Ethnicity & Race (optional):

- White (Non-Hispanic)
- Black or African American (Non-Hispanic)
- Hispanic/Latino
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- Two or more races

If you are Hispanic/Latino, is your background (select one)

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other Hispanic/Latino

Have you ever been convicted of a felony? (see instructions) Yes No

Your e-mail address (print clearly): _____

High School: _____ **Expected graduation date:** _____

Have you attended a New York High School for at least 2 years? Yes No

Are you currently a member of the U.S. Armed Services or a dependent of a service member? Yes No

I declare that all statements made in this application are, to the best of my knowledge, true and correct. I understand that if I was born on or after January 1, 1957 and if I enroll for 6 or more chargeable credits, I must provide the College with proof of immunization against measles, mumps and rubella. ALL students regardless of age who are enrolled for six or more credit hours must fill out the meningitis survey which is available through the Health Center. My failure to comply with this New York State law within 30 days from the start of the semester will result in my disenrollment from classes without refund of tuition and fees.

Students with overdue tuition and fees may be referred to a collection agency and will incur additional liabilities of up to 33% to cover all associated collection costs processes. Further, I understand that the College may have such default information forwarded to credit reporting agencies.

By providing your mobile number you are giving permission to the college to send you text message notifications.

Student Signature: _____ **Date:** _____

High School Counselor Verification:

This applicant is a student at _____. Permission is hereby granted for enrollment at NCC. The courses listed below will _____ or will not _____ apply toward a high school diploma. A transcript is attached. *Please see the example below to complete the course request.*

Subject/Course#	CRN #	Title	Credits	Subject/Course#	CRN#	Title	Credits
MAT 102	80262	Intro to Statistics	3	2.			
1.				3.			

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

High School Counselor Signature: _____ **Date:** _____