



SOUTHWESTERN COMMUNITY COLLEGE
447 College Drive, Sylva, NC 28779
(828) 339-4000 or (800) 447-4091
www.southwesterncc.edu

FOR ADVISOR USE: ☐ New ☐ Program Change ☐ Update Advisor Initials _____
School: ☐ Adult HS ☐ BSP+ ☐ STEPS Grade Level: ☐ Jr. ☐ Sr. ☐ Other _____
Program: ☐ College Pathway - P1012A P1012B P1042A P1042B
☐ CareerTech Cert. - _____
FOR ADMISSIONS USE: Colleague # _____ Date _____ By _____

GED/ADULT HIGH SCHOOL STUDENT APPLICATION FOR ADMISSION

Please print. All fields must be completed. Use black or blue ink only.

SOCIAL SECURITY #: _____ - _____ - _____ [* SCC collects social security numbers from all applicants for admission to ensure accurate records for required federal and state reporting. The College protects and restricts access to this information. A student ID# is assigned to each student.]

NAME: _____
Last First Middle

MAILING ADDRESS: _____
Street and Number/PO Box City State Zip

HOME PHONE: (_____) _____ - _____ **CELL PHONE:** (_____) _____ - _____

BIRTH DATE: ____/____/____ **GENDER:** ☐ F ☐ M

ETHNICITY: Are you Hispanic or Latino? ☐ Yes ☐ No

RACE (check one or more): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American
☐ Hawaiian/Pacific Islander ☐ White

HIGH SCHOOL INFO: (check one and provide high school info)

- ☐ GED _____ Date Started _____
☐ AHSD _____ Date Started _____

Last High School Attended _____
Last Date Attended _____ Highest Grade Completed _____

STUDENT'S EMPLOYMENT STATUS:

- ☐ Unemployed – Not Seeking a Job ☐ Unemployed – Seeking a Job ☐ Employed 1-10 Hrs/wk
☐ Employed 11-20 Hrs/wk ☐ Employed 21-39 Hrs/wk ☐ Employed 40+ Hrs/wk

EMERGENCY CONTACT:

Name & Relationship: _____
Phone Number: _____

FAMILY EDUCATIONAL INFORMATION:

Indicate highest level of education completed for each parent:

	Father	Mother
Highest Grade Completed	____ (1-12)	____ (1-12)
GED	<input type="checkbox"/>	<input type="checkbox"/>
1-Year Diploma/Certificate	<input type="checkbox"/>	<input type="checkbox"/>
2-Year Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>
Bachelors Degree	<input type="checkbox"/>	<input type="checkbox"/>
Masters Degree or Higher	<input type="checkbox"/>	<input type="checkbox"/>

EMAIL:

TYPE OF STUDENT: ☐ Day ☐ Night
☐ Full-time ☐ Part-time

PREFERRED CLASS LOCATION:

PROGRAM OF INTEREST: _____

CERTIFICATION OF ACCURACY * AGREEMENT TO ABIDE BY COLLEGE RULES * PERMISSION TO USE PHOTOS

I certify that all the information that I have given in this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Southwestern Community College (SCC). I further agree to allow SCC to publish personal directory information pertaining to honor rolls, scholarships, athletic events, news releases and to use personal directory information and photos in other publications of the college. All students enrolling at SCC shall be deemed to have agreed to publication of personal data and photos as indicated above unless a disclaimer is submitted to the Registrar by the 10th day of the semester in which the initial enrollment is made. I authorize release of my SCC progress and grade(s) to my high school. I agree that this application shall remain in force until my/my child's graduation from high school, unless rescinded in writing. As parent/guardian of this minor child, I authorize submission of this complete application.

Signature of Applicant _____

Date _____

Signature of Parent/Legal Guardian: _____

Date _____