



APPLICATION FOR ADMISSION

First-time students must have the following on file in the Office of Admissions and Records:

1. Official high school and/or college transcript(s).
2. ACT scores, if applicable.
3. Completed application for admission

Applying as: New Freshman Former SSC Student * Transfer High School Concurrent Student

*Last semester attended: _____ Semester _____ Year Full name when last enrolled at SSC: _____

When do you plan to enroll? _____
Semester _____ Year _____

BIOGRAPHIC INFORMATION

Social Security #: - -
Student ID#: -

1. Name: _____
Last *First* *MI* *Other names previously used*

2. Address: _____
Street, Route or Box Number

_____ *City* *State* *Zip*

3. County of residence: _____ 4. Date of Birth: _____ / _____ / _____

5. Male Female 6. Phone: _____ Emergency Contact #: _____

RESIDENCE STATUS

I certify that (I am **OR** I am not) a legal resident of the State of Oklahoma. For clarification of residence policy, please contact SSC Admissions.

Country of citizenship: _____

EDUCATION INFORMATION

1. High School Attended: _____
Name *City* *State*

2. Are you a high school graduate? _____ Yes _____ No

4. Have you taken the ACT test? _____ Yes _____ No

3. Year of high school graduation: _____

5. If you are not a high school graduate, do you have a GED

OR expected date of graduation: _____

equivalency? _____ Yes _____ No

FOR OFFICE USE ONLY

TERM:

Original Admission: _____ Type of Readmission: _____ Enrollment Action: _____ Classification: _____ Probation: _____ Suspension: _____	<p>Provided complete high school transcript? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ACG Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;"><u>ACT Test Deficient</u></p> <p>No ACT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ENG _____ MATH _____ READ _____ SCI _____</p>	<p style="text-align: center;"><u>Test Deficient</u></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">If yes – check area of deficiency:</p> <p>Compass: ENG _____ MATH _____ READ _____ SCI _____</p> <p>Asset: ENG _____ MATH _____ READ _____ SCI _____</p>
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ETHNIC GROUP

(Data collected for state/federal reporting purposes only. Information will not be used to make admissions decisions or in a discriminatory manner.)

1. _____ Non-Resident Alien
2. _____ Black or African American
3. _____ American Indian or Alaskan Native
4. _____ Asian
5. _____ Hispanic or Latino
6. _____ White –Non-Hispanic
7. _____ Native Hawaiian or Pacific Islander

TRIBAL FAMILY LINE (Check one):

Tribe _____ 0 _____ Not Applicable 1 _____ Mother 2 _____ Father 3 _____ Both 4 _____ Unknown

MISCELLANEOUS

FAMILY EDUCATION

- A. Did your mother graduate from a four year college? _____ Yes _____ No
B. Did your father graduate from a four year college? _____ Yes _____ No

FAMILY INCOME

Federal reports require student income information. Please check your estimated family income:

1. _____ 0 - \$7,470
2. _____ \$7,471 - \$15,300
3. _____ \$15,301 - \$23,130
4. _____ \$23,131 - \$29,000
5. _____ Over \$29,000

VETERAN STATUS

Are you a veteran of the Armed Forces? _____ Yes _____ No Are you eligible for VA educational benefits? _____ Yes _____ No
Please check one of the following if you are eligible for VA benefits: _____ Active Duty _____ Veteran Dependent _____ Reserve _____ VA Rehab Benefits

MAJOR

Anticipated Major: _____ Do you plan to apply to the SSC Nursing Program? _____ Yes _____ No

OTHER COLLEGES ATTENDED

Are you currently eligible to re-enter, without probation, all colleges previously attended? _____ Yes _____ No
Is your total college grade point average a "C" or better? _____ Yes _____ No

COLLEGE	LOCATION	OFFICIAL TRANSCRIPTS		DATES ATTENDED
		Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	

***** NOTE: OUT-OF-STATE COLLEGE TRANSCRIPTS MUST BE OFFICIAL TO ENROLL.

OTHER

Have you ever been convicted of a felony or any lesser crime involving moral turpitude? _____ Yes _____ No
If yes, provide full details of crime, sentence and current status on a separate page.

Upon the basis of information given on this application, I hereby apply for admission to Seminole State College. I understand that my enrollment is subject to withdrawal without refunds of fees paid, if any official records from institutions at which I have been enrolled are not submitted and approved.

Applicant's Signature: _____ **Date:** _____

Seminole State College does not discriminate on the basis of race, color, age, religion, sex, national origin or physical handicap in its education programs, activities or employment practices, in accordance with federal, state and local laws.

Revised 08/16