LANGUAGE BACKGROUND

What was the first language you spoke as a child?_____
What languages were spoken in your home when you were growing up?_____
What language do you speak most often now?_____
Do you wish assistance with English fluency skills? ☐**Yes** ☐ **No**

PLEASE CHECK ONE OR MORE IF YOU NEED HELP WITH...

☐Financial Aid ☐Study Skills ☐Personal Concerns ☐Commuter Information
☐Finding Work ☐Writing Skills ☐Learning Disability*** ☐Work Experience Credit
☐Learning English ☐Math Skills ☐Physical Disability*** ☐Childcare Information
☐Reading Skills ☐Choosing a Major or Career ☐Health Problems ☐Mentoring
☐Other_____

*** If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resource (DSR)

EMPLOYMENT HOURS

Employment hours planned per week while enrolled:
☐**1-10 hours** ☐**11-15 hours** ☐**16-20 hours** ☐**21 - 30 hours** ☐**31 or more hours** ☐**None**

MILITARY

Are you currently a member of the US Armed Forces stationed in Arizona pursuant to military orders? ☐**Yes** ☐ **No**
Are you a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders? ☐**Yes** ☐ **No**
Are you a Veteran of the US Armed Forces? ☐**Yes** ☐ **No**

RESIDENCY

Final residency decisions for tuition purposes will be made in accordance with A.R.S. §§15-1802, 15-1802.01, 15-1803, and regulations of the Maricopa Community Colleges Governing Board. Refer to www.maricopa.edu/residency or the college catalog for residency guidelines.

Will you reside in Arizona at the time of attendance? ☐**Yes** ☐ **No**
What date did your present stay in Arizona begin? Month_____ Day_____ Year_____
What was your most recent state of residence prior to moving to Arizona? _____
In what Arizona county do you reside?_____
If Maricopa, what date did you move to this county? Month_____ Day_____ Year_____
What Arizona county did you reside in prior to moving to Maricopa County? _____
Are you seeking admission under the Western Undergraduate Exchange program? ☐**Yes** ☐ **No**
If yes, in which state do you currently reside? _____

HOW DID YOU HEAR ABOUT THIS COLLEGE?

☐Advertisement ☐Agency Referral ☐Application - Quick Admit ☐Billboards ☐Brochure
☐Bus Stop Billboards ☐Career Fair ☐Cross College ☐Direct Mail ☐Email
☐Fax ☐Flyer ☐Friend/Relative ☐Group ☐HS Counselor
☐HS Recruitment Tour ☐High School Referral ☐International Recruitment ☐Internet ☐Military Recruiter
☐Newspaper Ad ☐Off-Site ☐Other ☐Outreach Event ☐Phone
☐Radio Ad ☐Recruiter ☐Schedule of Classes ☐School Counselor ☐Student
☐TV ☐Theatre Screen Advertisement ☐Word of Mouth ☐Yellow Pages

EDUCATIONAL PLAN

Primary reason for attending this college:
☐Improve my career skills ☐Learn new career skills ☐Personal Interest/Self Improvement
☐Prepare for a career change ☐Prepare for employment ☐Transfer to a University/College
☐Transfer within MCCCD

Transfer to University/MCCCD College: _____ _____
Name of Transfer Institution *Area of Study*

VEHICLE EMISSIONS

☐**Car meets emissions standards** ☐**Will not park on campus**

For crime statistics reported under the Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit www.maricopa.edu/safety

ACADEMIC PLAN

What academic plan do you intend to earn from this college?

☐**Degree** Name _____ Code: _____ ☐**Certificate** Name _____ Code: _____

By signing this form, I swear under penalty of perjury that the document(s) that I have submitted to demonstrate lawful presence in the United States are true and the information provided on this form is true and complete.

_____ _____
Signature of Student Date

ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACT'S PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.