

- ADMISSIONS
 READMISSIONS

WHICH CAMPUS DO YOU PLAN TO ATTEND?

- MAIN CAMPUS**
600 Plaza Drive
Enterprise, AL 36330
(334) 347-2623
 ALABAMA AVIATION COLLEGE
24 Aviation Way
Albertville, AL 35950
(256) 279-0940
 ALABAMA AVIATION COLLEGE
21760 Bill Benton Lane
Andalusia, AL 36421
(334) 222-0133
 ALABAMA AVIATION COLLEGE
3405 Highway 231 South
Ozark, AL 36360
(334) 774-5113

FULL LEGAL NAME: _____

SSN: _____ DATE OF BIRTH: _____
MONTH/DAY/YEAR

CURRENT ADDRESS: _____
STREET CITY/STATE COUNTY ZIP CODE

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

PERMANENT ADDRESS: _____
STREET CITY/STATE COUNTY ZIP CODE

EMAIL ADDRESS: _____

ENTRY STATUS

- FIRST TIME FRESHMAN
 RETURNING STUDENT
 TRANSFER
 TRANSIENT

GRADUATION DATE: (Month/Year) ____/____ TYPE OF DIPLOMA: ____STANDARD ____ADVANCED ____ OCCUPATIONAL ____ CERTIFICATE

HIGH SCHOOL ATTENDED: _____

HAVE YOU EARNED A GED? ____YES ____NO IF YES, YEAR COMPLETED: _____ CITY: _____ STATE: _____

SEX: (Please Circle) MALE or FEMALE WHAT TERM DO YOU PLAN TO ENROLL? (Please Circle) Fall Spring Summer Year: 20____

RACE (PLEASE CHOOSE ONE OR MORE OF THE CATEGORIES LISTED BELOW)

- CAUCASIAN/WHITE
 AFRICAN-AMERICAN/BLACK
 ASIAN/PACIFIC ISLANDER
 HISPANIC
 AMERICAN INDIAN/ALASKAN NATIVE
 OTHER (SPECIFY): _____

ETHNICITY (SELECT ONE)

ARE YOU HISPANIC OR LATINO? YES NO

INDICATE YOUR EDUATIONAL GOAL IN EITHER AREA A OR AREA B BELOW

A. YOU ARE PLANNING TO TAKE GENERAL STUDIES AT ESCC (CHECK ONE).
 Associate in Arts (AA)
 Associate in Science (AS)
 Selected Courses

MAJOR (Even if undecided): _____

B. YOU ARE PLANNING TO PURSUE AN ESCC AAS (NON-TRANSFER) DEGREE OR A CERTIFICATE PROGRAM (CHECK ONE).
 ESCC Associate in Applied Science (AAS) OR ***ESCC** Certificate Program (CER)

- Accounting
 Airframe Technology
 Avionics Technology
 Business Administration
 Business-Management
 Business
 Child Development
 ***Computer Graphics**
 Computer & Information Science
 Criminal Justice
 Emergency Medical Services
 ***EMS Basic**
 Health Info Technology
 ***Microcomputer Technology**
 Office Administration
 Paralegal
 ***Paramedic**
 Powerplant Technology

(***BOLDED PROGRAMS** are offered only in a certificate. Non-boldded programs are AAS degrees and may also be offered as a CER.)

ACCREDITATION STATEMENT

Enterprise State Community College is accredited with the Southern Association of Colleges and Schools Commission on Colleges to award Associate's degrees and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA. 30033-4097, or call 404-679-4500 for questions about the accreditation of Enterprise State Community College.

CITIZENSHIP STATUS (TO BE COMPLETED BY NON-U.S. CITIZENS ONLY)

COUNTRY OF CITIZENSHIP: _____ PLACE OF BIRTH: _____

PERMANENT RESIDENT: YES (If yes, enclose a front and back photocopy of Resident Alien Card.) NO

SOURCE OF FUNDS?: _____ VISA TYPE: _____

FOREIGN EXCHANGE STUDENT: YES NO

VETERANS ONLY

ARE YOU A VETERAN? YES NO WILL YOU RECEIVE VA BENEFITS? YES NO

ARE YOU THE SPOUSE/DEPENDENT OF A VETERAN? YES NO

EMPLOYMENT STATUS

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, PLEASE PROVIDE EMPLOYER'S NAME: _____

PREVIOUS COLLEGE(S) ATTENDED (LIST ALL COLLEGES AND UNIVERSITIES ATTENDED)

NAME:	CITY/STATE:	ATTENDANCE DATE (MONTH/YEAR): (From) _____ / _____ (To) _____ / _____	DID YOU GRADUATE? YES ____ NO ____ DEGREE TYPE _____
NAME:	CITY/STATE:	ATTENDANCE DATE (MONTH/YEAR): (From) _____ / _____ (To) _____ / _____	DID YOU GRADUATE? YES ____ NO ____ DEGREE TYPE _____
NAME:	CITY/STATE:	ATTENDANCE DATE (MONTH/YEAR): (From) _____ / _____ (To) _____ / _____	DID YOU GRADUATE? YES ____ NO ____ DEGREE TYPE _____

Are you on probation from the last college/university you attended? ____ YES ____ NO

Are you on suspension from the last college/university you attended? ____ YES ____ NO If yes, date of suspension: _____

DIRECTORY INFORMATION & SELECTIVE SERVICE

DIRECTORY INFORMATION will be released to inquiring persons or agencies UNLESS the student informs the DEAN OF STUDENTS OR REGISTRAR in writing that his/her consent is required before this information can be released. Forms authorizing non-release of Directory Information are available at each campus or the student may submit a signed statement to the Dean of Students or Registrar. Once made, the decision will remain in effect until notification is received in writing to the contrary. (See College Catalog "Access to Student Records.")

SELECTIVE SERVICE: I certify that I comply with the provisions of the United States Military Selective Service Act (50 U.S.C. APP 453) by having registered with the Selective Service board, or that I am not yet 18 years of age and will register when required, or that I am not by law required to register.

ENTERPRISE STATE COMMUNITY COLLEGE EQUAL OPPORTUNITY IN EDUCATION

It is the official policy of the Alabama State Department of Postsecondary Education and Enterprise State Community College that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity. Enterprise State Community College complies with non-discriminatory regulations under Title VI and Title VII of the Civil Rights Act; Title IX Educational Amendment; Section 504 of the Rehabilitation Act; and the Americans with Disabilities Act. Any student requiring special accommodations under ADA should contact the College ADA Coordinator.

ENTERPRISE STATE COMMUNITY COLLEGE PAYMENT STATEMENT

The student accepts the fee charged as a legal and lawful debt and agree to pay said fee, including any/all costs of collection (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the Constitution of the State of Alabama and any other state. The student gives Enterprise State Community College, its employees and/or agents "express prior consent" to contact me at any/all phone numbers, including cell phone numbers (by phone call or text message), for the purpose of payment.

SIGNATURE: _____

DATE: _____

I certify that the information contained in this application is true and correct. I understand any misstatement of facts may result in disapproval of this application or expulsion from Enterprise State Community College if discovered after admission.

MAIL YOUR COMPLETED APPLICATION TO:

ENTERPRISE STATE COMMUNITY COLLEGE • ATTN: OFFICE OF ADMISSIONS • P.O. Box 1300 • Enterprise, AL. 36331

Need Assistance? Please call 334-347-2623 ext. 2233