



Enterprise-Ozark Community College

P.O. Box 1300 Enterprise, AL 36331

www.eocc.edu



Application for Admission

Please Print

Which EOCC location will you primarily attend? Enterprise Fort Rucker Ozark Mobile

Today's Date: ___/___/___
mm dd yyyy

Last Name First Name Middle

Birth Name (if different from above) Date of Birth

Please shade corresponding numbers											
Social Security Number											
			-			-					
0	0	0		0	0		0	0	0	0	
1	1	1		1	1		1	1	1	1	
2	2	2		2	2		2	2	2	2	
3	3	3		3	3		3	3	3	3	
4	4	4		4	4		4	4	4	4	
5	5	5		5	5		5	5	5	5	
6	6	6		6	6		6	6	6	6	
7	7	7		7	7		7	7	7	7	
8	8	8		8	8		8	8	8	8	
9	9	9		9	9		9	9	9	9	

Current Mailing Address

City County State

Zip Code Home Phone (_____) _____

E-mail Address

Permanent Address (if different from above):

Address

City State Zip

County/City of Birth State

What term do you plan to enroll?

Fall Spring Summer Year _____

Mark One: High School Diploma GED Diploma

Year of Graduation or GED _____

Name of High School or GED Center

City State County

Admissions Status

- *First-time College Student
- Transfer Student
- Transient Student (List college on reverse side)
- Re-Admit - Former EOCC Student
Last term of attendance: _____ Year _____
- High School Dual Enrollment /
BOTH high school & college credit
- Senior Adult - Age 60 or over

***First-time college students MUST provide an OFFICIAL High School Transcript OR GED Score Report to the EOCC Admissions Office.**

Residency Status

- *In-state (Alabama / military / military family member)
- *Out-of-state eligible for in-state tuition (see Residency Form)
- Out-of-state; Name county & state:

- Non-resident alien; Name country

- Resident alien; Name country

***All students eligible for in-state residency must complete the CERTIFICATION OF ELIGIBILITY FOR IN-STATE RESIDENCY.**

Gender: Male Female

Race: American Indian/Alaska Native Black Hispanic
 Pacific Islander Asian White Other

Are you a veteran or a dependent of a veteran? Yes No

Are you eligible for veteran's benefits? Yes No

Emergency Contact: _____

Emergency Phone: (_____) _____--_____

Employer: _____

Work Phone: (_____) _____--_____

List all colleges and universities previously attended in chronological order.

Colleges / Universities	City / State	Degree Earned	Dates of Attendance

OFFICIAL TRANSCRIPTS FROM ALL PREVIOUSLY ATTENDED COLLEGES AND SCHOOLS MUST BE SENT DIRECTLY TO THE ADMISSIONS OFFICE AT EOCC. Transient students must provide a transient letter from the college they are currently attending.

Are you on suspension from the LAST College you attended? Yes No Probation? Yes No

Are you eligible to re-enroll at the LAST college you attended? Yes No

Students on suspension or otherwise not eligible to re-enroll at their last college may be admitted to Enterprise-Ozark Community College on an individual basis. Students should contact the Office of Admissions for further information.

What is your educational goal?

<input type="checkbox"/> Associate in Arts / Major: _____ <input type="checkbox"/> Associate in Science / Major: _____ <input type="checkbox"/> Selected Courses Only <input type="checkbox"/> Associate in Applied Science If AAS is marked, please indicate <u>one</u> degree you plan to pursue: <input type="checkbox"/> Airframe Technology <input type="checkbox"/> Avionics Technology <input type="checkbox"/> Business Administration <input type="checkbox"/> Child Development <input type="checkbox"/> Computer & Information Science <input type="checkbox"/> Computer Maintenance Technology <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Office Administration <input type="checkbox"/> Powerplant Technology	<input type="checkbox"/> Certificate If Certificate is marked, please indicate <u>one</u> program you plan to pursue: <input type="checkbox"/> Airframe Technology <input type="checkbox"/> Business Administration <input type="checkbox"/> Child Development <input type="checkbox"/> Computer Graphics <input type="checkbox"/> Computer Maintenance Technology <input type="checkbox"/> Computer Programming <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Emergency Medical Services Basic <input type="checkbox"/> General Aviation Technology <input type="checkbox"/> Geographic Information Systems <input type="checkbox"/> Health Info Technology <input type="checkbox"/> Microcomputer Technology <input type="checkbox"/> Office Administration <input type="checkbox"/> Paralegal <input type="checkbox"/> Paramedic <input type="checkbox"/> Powerplant Technology
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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 Student Affairs 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-Ozark Community College
Equal Opportunity in Education

It is the official policy of the Alabama State Department of Postsecondary Education and Enterprise-Ozark 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-Ozark 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; Americans with Disabilities Act. Any student requiring special accommodations under ADA should contact the College ADA Coordinator.

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-Ozark Community College if discovered after admission.

Signature of Applicant **Date**