

High School Partnership Program Application | Fall 2018

Middlesex Community College | Office of Enrollment Services
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For Office Use Only		Date
Banner ID	@	
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlist #		
Term		

APPLICANT'S LEGAL NAME (Last) (First) (Middle)		
SOCIAL SECURITY NUMBER	BIRTH DATE (Month/Day/Year)	GENDER (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS: (No. and Street) (Apt. #) (City or Town) (State) (Zip Code)		
HOME TELEPHONE (Area Code)	CELL (Area Code)	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident
EMAIL (Important communication from the College will be sent to the email provided. Please print legibly and provide an email you check regularly).		
HIGH SCHOOL	GRADUATION YEAR	PREVIOUS ENROLLMENT IN PARTNERSHIP PROGRAM? <input type="checkbox"/> No <input type="checkbox"/> Yes Fall 20____ Spring 20____
ETHNICITY/RACE Please provide the following ethnicity and race data. This information is requested on a voluntary basis by the U.S. Department of Education, National Center for Education Statistics. Your answers will not affect admission to or registration in the college.	Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your race? Select one or more: <input type="checkbox"/> White (10) <input type="checkbox"/> Black or African American (20) <input type="checkbox"/> American Indian or Alaskan Native (50) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (80) <input type="checkbox"/> Asian (45) <input type="checkbox"/> Other (90)
MATH, SCIENCE, OR TECHNOLOGY COURSES DESIRED: Please note: Course option will depend on placement test scores (if applicable) and course availability. Remedial level courses are not eligible for the Program.	CRN# 1 ST Choice: 2 ND Choice:	TITLE OF COURSE 1 ST Choice: 2 ND Choice:
<i>I certify with my signature below that I am the applicant and that the information I have provided above is accurate. If admitted, I pledge to comply in good faith with all the rules and regulations of the College. I realize that any misleading information provided by me on this application may be cause for dismissal. I understand that information collected in this application is for reporting purposes only and will not be used in the selection process for admission. I acknowledge that I will be responsible for any required book and material expenses.</i>		
STUDENT'S SIGNATURE	PARENT/GUARDIAN SIGNATURE (if under 18)	DATE
HIGH SCHOOL COUNSELOR'S RECOMMENDATION (Use back of this form if additional space is needed)		
NOTE TO H.S. COUNSELOR: Please attach student's current high school transcript to this application.	H.S. COUNSELOR'S SIGNATURE	DATE

Admission to the High School Partnership Program is selective and space is limited. This application does not guarantee acceptance.