

APPLICATION FOR ADMISSION TO EAST CENTRAL COMMUNITY COLLEGE

Complete and Return to
East Central Community College
Office of Admissions and Records
P. O. Box 129
Decatur, MS 39327

Applicant Information

Social Security _____ - _____ - _____ ECCC ID# _____
Legal Name: _____ Last _____ First _____ Middle _____ Maiden _____
Email Address: _____
Legal Home Address: _____
City _____ State _____ ZIP _____ County of Residence _____

Mississippi Resident: YES NO Country: () United States () Other _____
Home Telephone (____) _____ Cell Telephone (____) _____ *Date of Birth _____ Gender: M F

*What is your ethnicity? () Hispanic or Latino () Not Hispanic or Latino () Decline
*Ethnicity (May Choose More Than One): () Nonresident Alien () Black, Non-Hispanic
() American Indian/Alaska Native () Asian/Pacific Islander
() Hispanic () White, Non-Hispanic () Other

*This information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions, however, an answer would be appreciated.

PARENT OR GUARDIAN: Name _____
Address: _____
City _____ State _____ ZIP _____ County of Residence _____

Application Information

Expected Enrollment Date: Year _____ Fall _____ Spring _____ Summer 1 _____ Summer 2 _____

EXPECTED PROGRAM OF STUDY: _____

Academic Information

Official transcripts and ACT scores are required for admissions to be complete

Do you have a: ___ High School Diploma ___ High School Certificate ___ Occupational Diploma ___ GED
Name of High School Attended _____ Graduation Date _____
Location of High School Attended _____
IF GED, Date Taken _____ Where did you take the GED? _____

Have ever attended ECCC? YES NO If YES, did you attend using a different name? YES NO
If YES, what name? _____ If YES, what year? _____

Have you taken the ACT? YES NO If YES, did you send your scores to ECCC? YES NO

Have you ever attended or are you currently enrolled in another college? YES NO
If YES, did you attend using a different name? YES NO

List all Colleges attended: _____

Certification

The information I have submitted on this form is correct and complete. I understand that failure to give complete and accurate information in this application could result in revocation of admission to East Central Community College and cancellation of any subsequent enrollment. All transcripts must be filed with the Director of Admissions within 30 days of the application before the process is complete. My signature of the application gives permission for the school(s) I have attended to release my transcripts to East Central.

Your signature: _____ Date: _____

East Central Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in admission or access to, or treatment, or employment in its programs and activities. Compliance with Title VI of the Civil Rights Act of 1964 and its amendments, Part H of the Higher Education Act of 1964 and its Amendments, Title IX of the Higher Education Act of 1965 and its Amendments, Section 504 of the Rehabilitation Act of 1973 and its Amendments, the Americans with Disabilities Act of 1990, Age Discrimination Act, and the Vocational Education Act is coordinated by the Vice President for Instruction, Walter Arno Vincent Administrative Building, Rm. 171, P.O. Box 129, Decatur, MS 39327. 1-601-635-6202; fax, 1-601-635-4011.