APPLY FOR ADMISSION AS AN INTERNATIONAL STUDENT

Fill out the International Student Application:
Complete the International Student Application and bring your application to the Enrollment Center, Building 3, Room 219. Attach an official copy of a high school diploma. If documents are not in English, an official translation must be evaluated by an approved agency, please visit www.cedevaluations.com.

DEADLINE: International Student Application needs to be completed and submitted to the Enrollment Center by the deadlines indicated below. If you are applying for:

- January, the deadline is NOVEMBER 4
- September, the deadline is JUNE 24
- International Students may TRANSFER within 4 weeks prior to the start of the semester. However, the student must be in GOOD STANDING WITH A VALID F-1 STUDENT VISA.

Complete the I-20 Application Form:
Complete the I-20 Application Form to attend RCC on a student (F-1) visa.

Submit High School Diploma:
High School Diploma must be evaluated and approved by a foreign educational agency and NOT translated.

Submit an Affidavit of Support:
Submit an Affidavit of Support or a notarized letter from your sponsor stating that the sponsor will be responsible for your educational and living expenses for the duration of your studies at Roxbury Community College.

Also submit a Current Certified Official Bank Letter:
Submit a current Certified Official Bank Letter showing a minimum of $20,000.00 dollars in a bank account to cover total educational and living expenses for one year.

Take the placement exams:
If English is not your first language, you are required to submit proof of at least intermediate level of English proficiency. We accept: TOEFL, A total score of at least 60 on the TOEFL. Please note upon your arrival in the U.S. you will be required to take RCC’s College Placement Test. If you are already in the U.S., you do not need TOEFL. However, you are required to take the College Placement Test at the College’s Assessment Center. Appointments are not required for the test. Students in the Community ESL Program are not eligible to apply for an I-20. If you have completed a mathematics or English course with a grade of C or higher at an accredited institution, you may be eligible for exemption from testing. Submit a copy of your transcript and grade report evaluated by an approved center of education, in a sealed agency envelope, to the Enrollment Center, Building 3, room 219.

Information Session and Registration:
Following acceptance to the College, students will receive a letter inviting them to attend an Information Session to select and register for courses. Advising staff will assist students with appropriate course selection.

Submit Immunization Record:
Massachusetts General Laws, Chapter 76, section 15C, requires that all full-time (enrolled in 12 or more credits) and all students (full- and part-time) enrolled in health career programs present evidence of immunity to measles, mumps, rubella, diphtheria, tetanus, and three doses of hepatitis B vaccine and monteux testing for tuberculosis. Students in the health career programs also must present evidence of immunity to varicella and monteux testing for tuberculosis. For measles, mumps, rubella, and hepatitis B, serologic proof of immunity is acceptable. Students who fail to present the required information within 30 days from the date of registration are not allowed to register for subsequent semesters or receive final grades until the immunization form is received by the Enrollment Center, Building 3, Room 219. Immunization forms become part of the student's permanent file and therefore cannot be copied, transferred, or returned.
Pay Tuition and Fees:
Payment on Tuition and Fees should take place while students are registering for classes.

F-1 Students must always pay non-resident student tuition and fees.

The U.S. Citizenship and Immigration Services (USCIS) Department requires international students to present proof of their ability to pay for all their educational expenses while studying in the United States. We estimate that you will have the following expenses if you live here for twelve months and go to college for both regular academic semesters (which are September – December and January – May):

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition and fees for 1 academic year (12 credits per semester)</td>
<td>$10,000</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$8,400</td>
</tr>
<tr>
<td>Health insurance (mandatory)</td>
<td>$1,600</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

*No financial aid is available for international students.*

USCIS (Citizenship and Immigration Services) require that all international students fulfill the following conditions:

- Pursue a full-time course of study (minimum of 12 credits per semester)
- Provide DSO at your school with current address and phone number.
- Notify DSO at your current school about your intentions to transfer to RCC.
- Keep a current passport that is valid 6 months into the future.

Arrival at Roxbury Community College:
All new international students are expected to arrive in Boston no later than 3 weeks before the beginning of classes. This is necessary to allow time for the student to get settled, take the placement test, meet with an advisor, and register for classes. Please contact Enrollment Center at 857-701-1200 or enrollment.management@rcc.mass.edu 1234 Columbus Ave., Roxbury, MA 02120.

Student Housing:
Roxbury Community College is a commuter school. RCC does not offer student housing, this means that you will be responsible for obtaining adequate housing. Keep in mind that in most instances property owners will ask for first and last month rents, plus a security deposit equal to one month’s rent. These initial expenses can easily cost $1,500.00 - $3,000.00 U.S. dollars.

While You Are a Student at RCC:
If you have any concerning regarding your F-1 student Visa, contact the Enrollment Center.

Contact Information:
Enrollment Center
Phone: 857-701-1200
Email: enrollment.management@rcc.mass.edu
Fax: 855-670-1795
Building 3, Room 219
1234 Columbus Avenue,
Roxbury Crossing, MA 02120-3400
INSTRUCTIONS: Please type or print clearly!

Please complete this form and submit with proof of high school completion and immunization records. Foreign educational credentials must be evaluated in U.S. equivalents.

Health Sciences programs such as Associate Degree in Nursing, Radiologic Technology and Practical Nursing Certificate have required prerequisites that need to be completed before applying to each program. Please visit www.rcc.mass.edu/nursing or call 857-701-1645 for further information.

<table>
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<th>OFFICE USE ONLY</th>
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<tr>
<td>RCC I.D.: _______  Date: ______________</td>
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<tr>
<td>Entered By: __________________________</td>
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<tr>
<td>Application Fee Paid: □ Yes □ No</td>
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<tr>
<td>Cash: ______________  Check #: __________</td>
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<td>Waived By: ____________________________</td>
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<td>Credit Card: ________________________</td>
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<td>Deferred: ____________________________</td>
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<tr>
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<td>Last Name: ____________________________________  First Name: ______________________________  Middle Initial: ______</td>
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<td>Apartment #: ___________________________</td>
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<td>City: ___________________________________</td>
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<td>State: ____________________________________  Zip Code: __________________</td>
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<td>Cell Phone Number: ________________________</td>
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<td>Cell Phone Number: ____________________</td>
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<td>Email Address: ____________________</td>
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<th>BIOGRAPHICAL DATA</th>
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<tr>
<td>Date of Birth: ____________________  mm/dd/yyyy</td>
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<tr>
<td>Country of Citizenship: ____________________</td>
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<tr>
<td>Are you Hispanic or Latino? □ Yes □ No</td>
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<tr>
<td>Gender: □ Male □ Female</td>
</tr>
<tr>
<td>Country of Birth: ____________________</td>
</tr>
<tr>
<td>Are you Cape Verdean? □ Yes □ No</td>
</tr>
<tr>
<td>Please select one or more of the following races that best describe you:</td>
</tr>
<tr>
<td>□ American Indian or Alaskan Native  □ Asian  □ Black or African American</td>
</tr>
<tr>
<td>□ Native Hawaiian or Other Pacific Islander  □ White</td>
</tr>
<tr>
<td>Do you need an I-20 Form for an F-1 Visa? □ Yes □ No</td>
</tr>
<tr>
<td>Other Visa Holder (Indicate type): ____________________</td>
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<tr>
<td>Visa Admission Number: ____________________</td>
</tr>
<tr>
<td>Visa Start Date: ____________________  mm/dd/yyyy</td>
</tr>
<tr>
<td>Visa End Date: ____________________  mm/dd/yyyy</td>
</tr>
</tbody>
</table>

(Complete Next Page)
Name of High School: ______________________________ High School Graduation Year: __________

Province/City: __________________________ Country: _______ Postal Code: __________

How did you hear about RCC?
- Bay State Banner
- CareerFocus Magazine
- Church
- College or Career Fair
- Community Organization
- Digital Advertisement
- Direct mail from RCC
- Friends/Family
- Guidance Counselor
- Mass College/University
- MBTA Advertisement
- Newspaper
- Radio/Television
- RCC Student/Alumni
- RCC Faculty/Staff
- Other Source: __________________________

Year of Entrance: __________ Term: □ Fall □ Spring □ Summer I □ Summer II

Type of Candidacy: □ New Student □ Readmit □ Transfer

Program of Interest: (Please Select Only One)

**Associate of Arts Degree**
- Arts and Humanities³ (ALAAH)
- Arts and Humanities: Music Arts (ALAMU)
- Arts and Humanities: Theatre Arts³ (ALATA)
- Arts and Humanities: Visual Arts³ (ALAVA)
- Biological Science³ (ALABS)
- Biological Science: Laboratory Animal Care (ALAC)
- Broadcast Media Technology (ALABT)
- Business Administration³ (ALABA)
- English³ (ALAEN)
- Health Careers (ALAHC)
- Liberal Arts³ (ALALA)
- Mathematics³ (ALAMA)
- Physical Science³ (ALAPS)
- Social Science³ (ALASS)
- Accounting³ (SBUAN)
- Business Management (SBUBM)
- Criminal Justice³ (SHSCJ)
- Early Childhood Education (SHSEE)
- Engineering (SSCEG)
- Information Systems Technology³ (SCSIT)
- Network Administration (SCSNE)
- Nursing (ADN)¹,²,⁴ (SNRRN)
- Radiologic Technology¹,²,⁴ (SNRRT)
- Web Technologies (SCSWT)

**Associate of Science Degree**
- Accounting³ (SBUAN)
- Biotechnology (SCSBT)
- Business Management (SBUBM)
- Criminal Justice³ (SHSCJ)
- Early Childhood Education (SHSEE)
- Engineering (SSCEG)
- Information Systems Technology³ (SCSIT)
- Network Administration (SCSNE)
- Nursing (ADN)¹,²,⁴ (SNRRN)
- Radiologic Technology¹,²,⁴ (SNRRT)
- Web Technologies (SCSWT)

**Certificates**
- Accounting (CBUAC)
- Biotechnology/Biomanufacturing (CSCBI)
- Broadcast Media Technology (CATBT)
- Information Systems Technology (CCSIT)
- Network Administration (CCSNE)
- Practical Nursing¹,²,⁴ (CNRLP)

1. *This Program requires prerequisites.*
2. *This is a competitive admissions program. The office of admissions can provide you with specific details regarding additional requirements.*
3. *Approved majors for MassTransfer at RCC.*
4. *Students who select Nursing (ADN), Practical Nursing (PN), and Radiologic Technology will be placed into the Health Careers Program while they are completing their pre-requisites before being reviewed for formal acceptance into one of these programs.*

Is English your first language? □ Yes □ No (If no, list first language: __________________________ )

If English is not your first language, you are required to submit proof of at least intermediate level of English proficiency. We accept: TOEFL. A total score of at least 60 on the TOEFL. Please note upon your arrival in the U.S. you will be required to take RCC’s College Placement Test. If you are already in the U.S., you do not need TOEFL. However, you are required to take the College Placement Test at the College’s Assessment Center. Students in the Community ESL Program are not eligible to apply for an I-20.

Education Goals: □ Associate Degree □ Transfer without completion of an Associate Degree
- Certificate □ Transfer to 4-year College with an Associate Degree

Athletic Interest:
Do you wish to play sports at RCC? □ Yes □ No If yes, which sport(s)? □ Basketball □ Track □ Soccer
I acknowledge that all documents submitted become the property of the College and will not be returned to me. I understand programs that involve working with children, the disabled, elderly, or include a clinical affiliation may require a Criminal Offender Record Information (CORI) check or Sexual Offender Record Information (SORI) check. A positive CORI or SORI may prevent students from entering into certain programs, including Nursing, Radiologic Tech, and Early Child Education or securing a license to practice.

I hereby certify that all information stated in this application is complete and accurate, and I understand that falsification or omission of information or submitting false records to the College may result in disqualification or dismissal. I understand this application for admission will not be complete until all documents are submitted to the Enrollment Center. I give permission to Roxbury Community College to verify my educational record(s).

I hereby give permission/consent to release my education records to Roxbury Community College, and I give permission to Roxbury Community College to contact me via telephone.

Student’s Signature: ____________________________ Date: mm/dd/yyyy
Guardian (if under 18): __________________________ Date: mm/dd/yyyy

Mail to: Roxbury Community College
Enrollment Center
1234 Columbus Avenue
Roxbury Crossing, MA 02120-3423

Statement of Publication
This is an official publication of Roxbury Community College. Course offerings, dates, tuition, fees, and other information are subject to change. The College reserves the right to revise any material described in this publication. The information in this publication is provided for convenience, and the College disclaims any liability that may be incurred. This publication is neither a contract nor an offer to make a contract.

Affirmative Action/EEO Statement of Non-discrimination
Roxbury Community College is an Affirmative Action/Equal Opportunity employer and does not discriminate on the basis of race, creed, religion, color, gender, sexual orientation, age, disability, genetic information, maternity leave, national origin, or gender identity in its education programs or employment pursuant to the following: Massachusetts General Laws, Chapters 151B and 151C; Title VI of The Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; The Americans with Disabilities Act, and regulations promulgated thereunder; Code of Federal Regulations: 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX) and Part 104 (Section 504).

All inquiries concerning application of the above should be directed to the College’s Affirmative Action Officer, Coordinator of Title IX, and/or the Section 504 Coordinator.
I-20 APPLICATION

You must complete and return this application to the Enrollment Center. If you have not done so already, attach an affidavit of support (I-134) documenting ability to pay all educational and living expenses while studying in the United States. The affidavit should include a notarized letter from your sponsor and a current certified bank letter. International students attending Roxbury Community College should have a minimum of $20,000 available for educational and living expenses. An I-20 will be issued when this form and all other appropriate documentation is returned to our office.

Applicant’s Name: _______________________________ _______________________________  
Family/Last Name  First Name
Date of Birth: ______/_____/______
Country of Birth: _______________________________
Country of Citizenship: _______________________________
Passport Number: _______________________________  Expiration Date: ______/_____/______

Current Address in the U.S.
Street Address: __________________________________________________________
City: _______________________________ State: _______ Zip Code: __________
Telephone Number in the U.S.: (    ) _______ _______

Foreign Address (if any)
Street Address: __________________________________________________________
Providence: _______________________________ City: __________________ Country: ________________
Telephone Number: _______________________________

Semester which you plan to enter Roxbury Community College: _______________________________
Program of Study: _______________________________

Student applying from within the U.S., please answer the following questions:
What type of visa are you currently on? _____________________ Expiration Date: ______/_____/______
What is your Admission/Departure number on your I-94 Card? _______________________________
TRANSFER STUDENT RECORDS TO ROXBURY COMMUNITY COLLEGE

To Be Completed by Student

Student Name: ____________________________________________________________

Date of Birth (Month/Date/Year): _____ / _____ / _______

Date you plan to enroll in Roxbury Community College: __________________________

TO THE STUDENT: Please has this form completed by your International Student Advisor. Applications are considered incomplete for review if this form is not forwarded.

To Be Completed by International Student Adviser

TO THE INTERNATIONAL STUDENT ADVISER: The student named above is applying for admissions to Roxbury Community College. Please forward your reply to the letterhead mailing address.

1. Date of most recent enrollment: ____________________________________________

2. Is the student eligible to continue at your institution? Yes ☐ No ☐

3. To your knowledge, has the student met all obligations to the Department of Homeland Security? Yes ☐ No ☐

4. Admission Number on I-94: ________________________________

5. SEVIS transfer release date: ________________________________

6. SEVIS number: ________________________________

7. Date of initial enrollment at your institution: ________________________________

8. Has student used any period of optional practical training? Yes ☐ No ☐

9. We would appreciate any comments you think may be helpful to us.

__________________________________________________________________________

__________________________________________________________________________

International Student Adviser’s Name: __________________________________________

Title: _____________________________________________________________________

Name of Institution: ________________________________________________________

Mailing Address: _____________________________________________________________________

Telephone Number: ________________________________ E-mail address: ________________________________

Signature: ________________________________ Date: _____ / _____ / ______
INTERNATIONAL STUDENT AGREEMENT

PLEASE SIGN AND RETURN THE INTERNATIONAL STUDENT AGREEMENT WITH YOUR PACKAGE.

The International Student Agreement must be signed and returned with your application as evidence that you understand the obligations of being accepted to Roxbury Community College.

1. International students in the United States on visas cannot establish a permanent domicile in this country no matter how many extensions may have been granted. Therefore, international students must pay non-resident tuition.

2. To qualify and maintain a student visa (F-1 status), the international student must register for and maintain 12 credit hours each semester.

3. An international student who accepts unauthorized employment is subject to deportation.

4. All tuition and fees must be paid at the time of registration.

I have read the above statements and fully understand my obligations if I am granted a student visa. I also understand the total cost of one year's education in the United States of America at this institution is $20,000.00 and that I will be responsible for payment of all debts and liabilities assumed by me while attending Roxbury Community College.

Applicant's Name: ____________________________________________
Family/Last Name
__________________________ First Name

Date of Birth: _____ / _____ / _____

Country of Birth: __________________________ Country of Citizenship: __________________________

Current Address in the U.S.

Street Address: ____________________________________________

City: ____________________________________________ State: ______ Zip Code: ______

Telephone Number in the U.S.: ( _____ ) ___________ ________

Foreign Address (if any)

Street Address: ____________________________________________

Province: __________________________ City: ____________ Country: __________________________

Telephone Number: __________________________

Student's Signature: __________________________ Date: ___ / _____ / ______
HIGH SCHOOL SELF-CERTIFICATION

All applicants who have obtained a high school diploma, or a GED/HiSET certificate, will be eligible to be admitted to Roxbury Community College Associate degree or Certificate programs of study. By completing this form, you are certifying that you graduated from high school or completed your GED/HiSET.

If you recently graduated from high school (class of 2015, 2016, or 2017), that is quite an accomplishment, and you should be proud. We want to congratulate you on this achievement and request that you please bring your high school transcript when you meet with an enrollment counselor. Doing so will enable you to participate in our pilot math program. This program rewards you for your hard work in high school and, depending on your high school grade point average (GPA), might save you time and money for math placement. Do not worry about figuring out your GPA, as an enrollment counselor will be able to do that. All you need to do is bring your transcript to see if you qualify.

Name: ___________________________________________ Social Security #: _____-____-_______

Date of Birth: _____/______/__________

Did / will you earn a high school diploma?  ☐ Yes  ☐ No

If yes, name of high school ___________________________ Graduation date: _____/______/_______

Did / will you earn a GED/HiSET?  ☐ Yes  ☐ No

Completion date: _____/______/_______

Did / will you earn a home school diploma?  ☐ Yes  ☐ No

Graduation date: _____/______/_______

I certify that all the information is accurate and complete.

______________________________________________________  

Applicant’s Signature  Date

______________________________________________________  

Parent’s or Guardian’s Signature (If applicant is under 18 years of age)  Date
INTERNATIONAL FINANCIAL SUPPORT FORM

Sponsors must provide evidence of sufficient funds available to support financially four semesters of study at Roxbury Community College. This affidavit must be signed by the sponsor and stamped or sealed by a notary public, as well as an original letter with an official signature on bank letterhead must also be submitted. The letter should verify a current Account balance with a minimum of $20,000 (U.S. dollars) and whether the account is in good standing.

Sponsor Information

I, ____________________________________________, who born on _____/ _____/ ________

who reside at _________________________________________________________________

__________________________________________________________________________, phone number ______________________________

It is my intention to support: Student name__________________________________________, who reside at

(home country) __________________________________________________________________

and come to the United States to study at Roxbury Community College and reside at (U.S. address),

__________________________________________________________________________, phone number ______________________________

I am willing and able to maintain and support the prospective student. This affidavit is made by me for the purpose of assuring the college that the student I am sponsoring will have sufficient funds to cover tuition, fees, and living expenses during their course of study at Roxbury Community College.

Relationship to student: mother ☐ father ☐ relative ☐ friend ☐ company ☐

Signature of Sponsor: ____________________________________________Date_____/ _____/ ________

Name and signature and statement signed and sworn before me: Stamp or seal required

Signature of notary public: ____________________________________________

Address: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Date_____/ _____/ ________
IMMUNIZATION AND MEDICAL HISTORY RECORD

PART A: STUDENT INFORMATION

Last Name ___________________________ First Name ___________________________ MI ___________________________

Date of Birth ___________________________ Student ID ___________________________ Telephone Number ___________________________

Street Address ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

According to Massachusetts law 105 CMR 220.600, all full-time students (12 or more credits) and all full-time and part-time students in Health Profession programs must present evidence of immunization against measles, mumps, rubella; tetanus, diphtheria and pertussis; varicella (chickenpox), Hepatitis B, and Meningitis (if 21 years and under), to attend classes.

If you are exempt from the Massachusetts law 105 CMR 220.600, please check the below reason, sign your name and date below, and complete PART C (Medical History).

☐ I am a part-time student not enrolled in a Health Profession Program.
☐ Such immunizations conflict with my religious beliefs (see M.G.L. c. 76s.15C).
☐ I am submitting a physician’s statement, which verifies that my physical condition will be endangered by the required immunizations.

(Complete PART B – page 1)

If you are NOT exempt from the Massachusetts law 105 CMR 220.600, please complete PART C and have your health care provider, (MD,NP, PA) complete PART B.

____________________________________________________
Student’s signature ___________________________ Date ___________________________

PART B: IMMUNIZATION VERIFICATION (To be completed by a health care provider)

IMMUNIZATIONS

Tetanus-Diptheria-Pertussis: Tdap (1 dose required) ___________________________

MMR: (or positive titers for Measles, Mumps, Rubella)

Measles (2 doses required) #1 ___________________________ #2 ___________________________
Mumps (2 doses required) #1 ___________________________ #2 ___________________________
Rubella (2 doses required) #1 ___________________________ #2 ___________________________

Varicella: (Vaccine or antibody titer required for Health Profession Students and International Students)

1. History of Varicella (chickenpox) ☐ Yes ☐ No
2. Varicella vaccine #1 ___________________________ #2 ___________________________
3. Varicella titer results Date: ____/____/______ ☐ Pos ☐ Neg

Hepatitis B: (3 doses required or titer results)

#1 ___________________________ #2 ___________________________ #3 ___________________________
Titer results Date: ____/____/______ ☐ Pos ☐ Neg

Meningococcal: 1 dose of MCV4 if 21 years and under – or a signed waiver ___________________________

Tuberculosis Test: (Required for Health Profession Students and International Students)

TB test results - within past 6 months. Date: ____/____/______ Results: ___________________________
Submit official chest x-ray report if PPD is positive. Date: ____/____/______ Results: ___________________________

Signature ___________________________ Printed Name ___________________________ Date ___________________________

Street Address ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Telephone number ___________________________
PART C: MEDICAL HISTORY

This information is for the use of the College and will not be released without the student’s written consent.

Last Name _____________________________ First Name _____________________________ MI __________

Contact Person In Case of Emergency

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
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<th>Work Phone Number</th>
<th>Cell Phone Number</th>
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Do you have any health problems we should be aware of? If yes, please comment:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Demographics

- Do you have any health problems we should be aware of?
- If yes, please comment:

Comments

- Current medications
- Hospitalizations
- Allergies (medication, food, pets, etc.)
- Special accommodations required
- High blood pressure
- Diabetes
- Other

Please return this form to:
Roxbury Community College
Enrollment Center
Academic Building (3), Room 219
1234 Columbus Avenue
Roxbury Crossing, MA 02120

This form must be returned within 30 days of registration.