

CANDIDATE

High School graduation year: _____ Name of High School: _____
Do you have a General Equivalency Diploma (GED)? Yes No
Year: _____ Town/State: _____
Do you have an Adult High School Diploma? Yes No
Last school attended: _____ Date of Graduation: _____
How did you hear about RCC? Subway Advertising Mass.Coll./Univ. Friend/Family Newspaper
 Radio/TV College Fair Community Agency RCC Student/Alumni RCC Staff/Faculty
 High School Visit Church Other _____

CANDIDACY

Program of Interest (Please choose from list on page 4): _____
Year of Entrance _____ Term: Fall _____ Spring _____ Summer I _____ Summer II _____
Division: _____ Undergraduate Location: _____ Main Campus
_____ Part Time _____ Full Time
Type of candidacy: _____ New student _____ Readmit _____ Transfer _____ Joint Admission _____ Non Degree

ATTRIBUTES

Is English your first language? Yes No

Education Goals (Check only one)

____ Associate _____ Degree Improve English Skills Proficiency _____ Transfer without Completion of an Associate Degree
____ Certificate _____ Personal Development Course(s) _____ Upgrade Job Skills
____ Upgrade Job Skills _____ Transfer to 4 year college with an Associate Degree Personal Development Course(s)
____ Unsure at this Time

Family Educational Background

Do either of your parents hold a Bachelor's Degree or Higher? Yes No

Athletic Interest

Do you wish to play sports at RCC? Yes No

If yes, which sport(s)? Tennis Basketball Baseball
 Cheerleading Soccer Other _____

Emergency Contact

Name: _____ Relationship: _____
Telephone: _____ Cell Phone: _____

I acknowledge that all records 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 Check (CORI) or Sexual Offender Record Information Check (SORI).

I hereby certify that all information stated in this application is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. I understand this application for admission will not be complete until all documents are submitted to the Office of Admissions.

Student Signature: _____ Date: _____

Guardian (if under 18): _____

Mail To: RCC Admission Office, 1234 Columbus Avenue, Roxbury, MA 02120

MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM

Last Name: _____ First Name: _____ MI: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
SSN# or Student I.D. Number _____ Date of Birth: _____
Are you a U.S. Citizen? Yes No Please state your immigration status in detail: _____

Please check the in-state or reduced-tuition eligibility category that applies to you:

_____ **For Community College applicants:** I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. **Please check those documents you possess as proof of your intent to remain in Massachusetts.**

- | | | |
|---|------------------------------------|---------------------------------|
| _____ Driver’s license | _____ Mass. high school diploma | _____ Employment pay stub |
| _____ Car registration | _____ Voter registration | _____ State/Federal tax returns |
| _____ Utility bills | _____ Signed lease or rent receipt | _____ Military home of record |
| _____ Record of parents’ residency for unemancipated person | _____ Other _____ | |

_____ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

_____ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (Applicant is Under 18 Years Old): _____ Date: _____

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

I have reviewed the above information in order to determine this individual’s eligibility to receive the in-state tuition rate. Based on my review, I have determined that this individual:

_____ IS eligible for the in-state tuition rate.

_____ IS NOT eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant: _____

Authorized College Personnel: _____ Date: _____



ASSOCIATE OF ARTS DEGREE

- | | | |
|---|--|--|
| <input type="checkbox"/> African Studies | <input type="checkbox"/> Liberal Arts | <input type="checkbox"/> Pre-Engineering |
| <input type="checkbox"/> Arts and Humanities | <input type="checkbox"/> Health Careers | <input type="checkbox"/> Social Science ^{4,3} |
| <input type="checkbox"/> Biological Science | <input type="checkbox"/> (formerly Pre-Nursing) ^{4,3} | <input type="checkbox"/> Theatre Arts |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> International Business | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Broadcast Media Technology | <input type="checkbox"/> Mathematics ^{4,3} | |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Musical Arts | |
| <input type="checkbox"/> English | <input type="checkbox"/> Physical Science ^{4,3} | |

ASSOCIATE OF SCIENCE DEGREE

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Nursing (ADN) ^{1,2} |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Office Administration |
| <input type="checkbox"/> Computer Information Systems | <input type="checkbox"/> Microcomputer Applications | <input type="checkbox"/> Web Technologies |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Network Administration | <input type="checkbox"/> Radiologic Technology ^{1,2} |

CERTIFICATES

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Office Technology - Office Administration |
| <input type="checkbox"/> Biotechnology / Biomanufacturing | <input type="checkbox"/> Office Technology Training |
| <input type="checkbox"/> Broadcast Media | <input type="checkbox"/> Paralegal Studies |
| <input type="checkbox"/> Computer Information Systems | <input type="checkbox"/> Physical Education - Coaching |
| <input type="checkbox"/> Engineering Design: AutoCAD | <input type="checkbox"/> Physical Education - Group Exercise Leader |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Physical Education - Personal Trainer |
| <input type="checkbox"/> Medical Office Specialist | <input type="checkbox"/> Physical Education - Strength and Conditioning |
| <input type="checkbox"/> Mental Health Worker | <input type="checkbox"/> Practical Nursing ^{1,2} |
| <input type="checkbox"/> Microcomputer Applications | <input type="checkbox"/> Web Technologies |

1. This Program requires prerequisites.

2. This is a competitive admissions program. The office of admissions can provide you with specific details.

3. Approved majors for Joint Admissions at RCC