



DUAL ENROLLMENT ADMISSIONS APPLICATION

Roxbury Community College

Return Application and Documents to
DEAN WALTER CLARK
ROXBURY COMMUNITY COLLEGE
1234 COLUMBUS AVE
ROXBURY CROSSING, MA 02120
(617) 933-7412

Instructions: Please type or print clearly.

1. Please complete this form.
2. Submit with official high school transcript.
3. Submit letter of recommendation from the headmaster, guidance counselor or a teacher, stating that the courses you take at RCC will be applied toward your high school graduation.

Students must take the Placement Test. Please call the Admissions Office at (617) 541-5310 for test dates and times.

OFFICE USE ONLY _____ Student I.D.: _____ Date: _____

Entered by: _____ Application Fee Paid by Dual Enrollment

NAME

Legal name: _____
Last First Middle Name

ADDRESS

Current: _____
Street City State Zip Country

E-mail: _____ Status: **PRESUMED CURRENT**

Telephone number: (_____) _____ Cellphone number: (_____) _____

BIOGRAPHICAL DATA

Social Security #: _____ Gender: Male Female

Citizenship: Are you a United States Citizen? Yes No Date of Birth: _____

If not, are you a Permanent Resident (Green Card Holder)? Yes No

Country of Citizenship: _____ Country of Birth: _____

Alien Registration #: _____

Ethnic Group: African American African American Indian/Alaskan Native
 (Please check one) Asian/Pacific Islander Cape Verdean Caucasian
 Haitian Hispanic American Non-Resident Alien
 Other: _____

Entrance Code:
 (Please check one) In-State Student Out-of-State Student International Student

(Complete Next Page)

CANDIDATE

High school graduation year: _____ Name of high school: _____

Town/State: _____

Do you have a high school diploma? Yes No

Last school attended: _____

Are you currently: Freshman Sophomore Junior Senior

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 _____

Courses Interested in Taking at RCC: _____

CANDIDACY

Program of Interest: Dual Enrollment

Year of Entrance: _____ Term: Fall Spring Summer I

Division: Undergraduate Location: Main Campus Part Time

Type of Candidacy: Dual Enrollment (please enter as Dual Enrollment in Jenzabar) Stage: Dual Enrollment

ATTRIBUTES

Is English your first language? Yes No

Interested in the field of (Check only one):

Science Mathematics Mass Transfer Block
 Technology Engineering Other: _____
 (Please Print Academic Interest)

Family Educational Background:

Do either of your parents hold a Bachelor's Degree or higher (first generation)? Yes No

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 that I will have to submit a new admission application if I wish to enroll in a degree program at Roxbury Community College upon graduation from high school.

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.

I understand that by participating in the Dual Enrollment Program, I consent to the release of my student education records between the Massachusetts Community College I am attending and my high school(s).

Student Signature: _____ Date: _____

Guardian (if under 18): _____ Date: _____

Name of High School Counselor: _____ Signature: _____

Mail To: *Walter Clark*, Dean of Enrollment Management
 Roxbury Community College, 1234 Columbus Ave. Roxbury Crossing, MA 02120.
Signature of Guidance Counselor

(Complete Next Page)

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.**

- | | | |
|--|---|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Mass. high school diploma | <input type="checkbox"/> Employment pay stub |
| <input type="checkbox"/> Car registration | <input type="checkbox"/> Voter registration | <input type="checkbox"/> State/Federal tax returns |
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Signed lease or rent receipt | <input type="checkbox"/> Military home of record |
| <input checked="" type="checkbox"/> Record of parents' residency for unemancipated person
<i>(Based on attendance in a Massachusetts high school)</i> | | <input checked="" type="checkbox"/> Dual Enrollment |

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: _____