



Student Information Form

APPLICANT INFORMATION

Student ID# _____ **Term of Enrollment:** ☐ Fall ☐ Spring ☐ Summer **Year** _____

Legal Name _____
Last First Middle

Date of Birth _____ **Gender**** ☐ M ☐ F **Social Security Number** _____

Your Social Security Number will not be used as your primary student identification number and will be kept confidential. Providing a Social Security Number will ensure that your educational records are complete and correct and will allow the fullest services. Any individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, and Veteran Administration benefits. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residence, resulting in out-of-state tuition.

Information Release

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? ☐ Yes ☐ No

CONTACT INFORMATION

Address _____ **Apt#** _____

City _____ **State** _____ **Zip** _____

Telephone Number: Home _____ Other _____

Email Address: Home _____ Other _____

DEMOGRAPHIC INFORMATION

VERIFICATION OF LAWFUL PRESENCE FOR RESIDENCY/TUITION CLASSIFICATION*

☐ Does Not Apply: I am not requesting instate tuition (skip this section)

☐ US Citizen

☐ Permanent Resident: Alien Registration# _____

☐ Refugee or Asylee: Alien Registration# _____

☐ Foreign Nonimmigrant with Visa: Country of Citizenship _____ Specify Visa type _____

Alien Registration/I-94 Number _____

☐ None of the Above: Lawful Presence Otherwise Documented: Specify document(s) _____

☐ AZ Department of Motor Vehicle License or AZ Photo ID Number: _____

*These questions are asked for the purpose of determining tuition. Pursuant to A.R.S. §§1-502, 15-1802, 15-1802.01, 15-1803, a person who is not lawfully present in the United States is not entitled to classification as an in-state/in-county student. All applicants for resident tuition and/or financial aid must submit documentation of the above status and any additional proof of residency to the admissions/enrollment services staff upon request. Applicants for resident tuition who fail to answer the above questions or to submit supporting documentation as requested are automatically assessed nonresident tuition. Any student who falsifies information used to establish residency for tuition purposes shall be required to pay full tuition and may be subject to dismissal from the college and/or criminal action. Refer to www.maricopa.edu/residency or the college catalog for residency guidelines.

RACE/ETHNICITY**

This is a two part question:

Do you consider yourself to be **Hispanic/Latino**? ☐ Yes ☐ No If yes, which Ethnic Group? _____

If you responded **YES** to the above and are of more than one race, select from additional ethnic categories below.

If you responded **NO**, please select one or more of the following racial/ethnic categories to describe yourself. If selecting more than one, please indicate which ethnic category you consider as your primary category. You may also include details regarding your ethnic group or Native American tribe if applicable.

Category	Primary Y/N	Ethnic Group/Tribe
American Indian/Alaska Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____
White	_____	_____

** Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

PREVIOUS EDUCATION

High School Status (check one box)

☐ **High School Diploma** High School Name _____ State _____ Completion Date _____

SAIS NUMBER _____ Arizona Department of Education (ADE) Student Accountability Information Systems (SAIS) Number

☐ **GED Certificate** Completion Date _____

☐ **Currently Enrolled** ☐ High School Name _____ State _____ Expected Completion Date _____

☐ Home Taught Expected Completion Date _____

☐ **No diploma or GED and under age 18**

☐ **No diploma or GED and over age 18**

Previous College (check highest level completed)

☐ Associate Degree ☐ Bachelor Degree ☐ Master Degree or higher ☐ No College or University ☐ Some College/University, no degree

FIRST GENERATION COLLEGE STUDENT

Are you a first generation college student? ☐ Yes ☐ No

You are a first generation student if both parents or guardians (parent or guardian if only living with one) did not complete a bachelor's degree.

LANGUAGE BACKGROUND

What was the first language you spoke as a child? _____

What languages were spoken in your home when you were growing up? _____

What language do you speak most often now? _____

Do you wish assistance with English fluency skills? ☐ Yes ☐ No

PLEASE CHECK ONE OR MORE IF YOU NEED HELP WITH...

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Study Skills | <input type="checkbox"/> Personal Concerns | <input type="checkbox"/> Commuter Information |
| <input type="checkbox"/> Finding Work | <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Learning Disability*** | <input type="checkbox"/> Work Experience Credit |
| <input type="checkbox"/> Learning English | <input type="checkbox"/> Math Skills | <input type="checkbox"/> Physical Disability*** | <input type="checkbox"/> Childcare Information |
| <input type="checkbox"/> Reading Skills | <input type="checkbox"/> Choosing a Major or Career | <input type="checkbox"/> Health Problems | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Other _____ | | | |

*** If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resources (DSR)

EMPLOYMENT HOURS

Employment hours planned per week while enrolled:

☐ 1-10 hours ☐ 11-15 hours ☐ 16-20 hours ☐ 21 - 30 hours ☐ 31 or more hours ☐ None

MILITARY

Are you currently a member of the US Armed Forces stationed in Arizona pursuant to military orders? ☐ Yes ☐ No

Are you a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders? ☐ Yes ☐ No

Are you a Veteran of the US Armed Forces? ☐ Yes ☐ No

RESIDENCY

Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community College Governing Board.

Will you reside in Arizona at the time of attendance? ☐ Yes ☐ No

What date did your present stay in Arizona begin? Month _____ Day _____ Year _____

What was your most recent state of residence prior to moving to Arizona? _____

In what Arizona county do you reside? _____

If Maricopa, what date did you move to this county? Month _____ Day _____ Year _____

What Arizona county did you reside in prior to moving to Maricopa County? _____

Are you seeking admission under the Western Undergraduate Exchange program? ☐ Yes ☐ No

If yes, in which state do you currently reside? _____

HOW DID YOU HEAR ABOUT THIS COLLEGE?

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Agency Referral | <input type="checkbox"/> Application - Quick Admit | <input type="checkbox"/> Billboards | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Bus Stop Billboards | <input type="checkbox"/> Career Fair | <input type="checkbox"/> Cross College | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Email |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Flyer | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Group | <input type="checkbox"/> HS Counselor |
| <input type="checkbox"/> HS Recruitment Tour | <input type="checkbox"/> High School Referral | <input type="checkbox"/> International Recruitment | <input type="checkbox"/> Internet | <input type="checkbox"/> Military Recruiter |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Off-Site | <input type="checkbox"/> Other | <input type="checkbox"/> Outreach Event | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Recruiter | <input type="checkbox"/> Schedule of Classes | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Student |
| <input type="checkbox"/> TV | <input type="checkbox"/> Theatre Screen Advertisement | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Yellow Pages | |

EDUCATIONAL PLAN

Select a primary reason for attending this college:

- | | |
|---|--|
| <input type="checkbox"/> Earn a degree/certificate to enter or advance in the job market | <input type="checkbox"/> Take courses for job skills (do not intend to earn a degree/certificate - 7100) |
| <input type="checkbox"/> Earn a degree/certificate for transfer to another college or university | <input type="checkbox"/> Current High School Student Taking Courses (dual or concurrent enrollment - 7111) |
| <input type="checkbox"/> Current university student taking courses to meet university requirements (7110) | <input type="checkbox"/> Personal Interest (7154) |
| <input type="checkbox"/> Take courses to transfer (do not intend to earn a degree/certificate - 7152) | |

ACADEMIC PLAN

What academic plan do you intend to earn from this college?

☐ Degree Name _____ Code: _____ ☐ Certificate Name _____ Code: _____

VEHICLE EMISSIONS

☐ Car meets emissions standards ☐ Will not park on campus

For crime statistics reported under the Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit www.maricopa.edu/safety

By signing this form, I swear under penalty of perjury that the document(s) that I have submitted to demonstrate lawful presence in the United States are true and the information provided on this form is true and complete.

Signature of Student

Date

ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT