## MCC APPLICATION FOR ADMISSION

Social Security Number						_	-				Office use only	MCC ID / Term		
Name:														
Last First Previous Name (if applicable):											Middle			
Previous Name (if applicable	):													
Address:														
										н	lome Phone:			
Street										١٨	Work Phone:			
City State Zip Code											vork i florie.			
Students under 21 must include parent's or legal guardian's address below:										С	Cell Phone:			
Address:Street											Email:			
Street											Country of Citizenship:			
City	City State Zip Code													
Response to questions in this section is optional:														
Date of Birth: Sex: Male  Female  Sex:														
Is applicant Hispanic/Latino? Yes 🔲 No 🗀 Religious									ous Preference:					
Dane: DIM/hite		□ Na	tiva Havva	::-:-/D-	_ :.c:									
Race: White Native Hawaiian/Pacific Islander  Black/African American American Indian/Alaskan Native Other														
☐ Asian ☐ Multiracial ☐ Prefer not to											answer			
			"						0			0 1 11 2 1 11 11		
Name of High School or High Sc	hool Equ	iivalency	(formerly G	ED nov	w HS	SE) Loca	tion		City		State	Graduation Date (Mo./Yr.)		
Check the box that applies; otherwise leave blank:  Dual Credit/Enrollment or Early Admit (Enrolled in High School and MCC (Returning to host college after concurrently)  Transient Student (Returning to host college after one semester at MCC)  Ability to Benefit (Have not earned a High School or HSE diploma)  (Enrolled in HSE program and MCC concurrently)														
List c@ Ácolleges/universit^ Áyou { [ • cÁ^&^} dˆ attended and/or currently attend.														
College	City/State							College			C	City/State		
College		City	y/State					(	College		С	City/State		
Check the box that applies;			blank:		۸ ۲۵	vou a l	I C \/a	toron			□ Are you e	Doggrafiat?		
<ul><li>☐ Are you active-duty military personnel?</li><li>☐ Are you a U.S. V</li><li>☐ Are you a dependent of active-duty personnel?</li><li>☐ Are you a dependent of active-duty personnel?</li></ul>								eteran?						
Are you a dependent of a		aty pers	Officer:	<b>-</b>	110	you a u	ерепи	ent or a	U.S. V	eterari:	Are you in	THE NATIONAL GUARD!		
For which session are you registering?  ☐ Fall ☐ Spring ☐ Summer Year														
Please check the one that best describes your educational goal while at MCC:														
☐ Career and Technical Workforce Program majoring in														
☐ University Transfer Program majoring in														
Non-Degree seeking (enr						_		_						
National American College Test (ACT), Scholastic Aptitude Test (SAT), or ACCUPLACER test scores must be submitted to Meridian Community College as part of the admission requirements. These test scores are used for program and course placement purposes only and not to determine admission. The ACCUPLACER is administered by MCC by appointment by calling 601-483-8241.														
Students are responsible for submitting official high school or HSE transcripts at the time of their enrollment into Meridian Community College.  Your signature below serves as authorization to request an official copy of your transcript, if acquiring the student's transcript becomes necessary for Meridian Community College.														
Social Security Number Date of Birth:														
Name at time of graduation	e of graduation													
Last First Middle I certify all answers I have given to all questions are correct and complete to the best of my knowledge. I agree to abide by the policies, rules and regulations set forth in official MCC publications. I further agree that as a condition of enrollment, I will abide by MCC's drug-free policy. I understand falsification of information on this form may result in termination of enrollment from Meridian Community College.														
Data			Signatura											