

WALLACE STATE COMMUNITY COLLEGE

P. O. BOX 2000

HANCEVILLE, ALABAMA 35077-2000

APPLICATION FOR ADMISSION

Social Security Number _____ - _____ - _____ Driver's Licenses Number _____

Name in Full _____ Name Preferred _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____ E-mail _____

Employer and Address _____

Street City State Zip Phone Number

Emergency Contact _____ Phone Number (____) _____ - _____

Student's Date of Birth _____ - _____ - _____ Birth Place _____

Have you attended any prior college? _____ Y _____ N Do you have a degree from a prior college _____ Y _____ N

If yes, list college(s), dates, and degree(s) _____

Name of High School _____ Graduate _____ Y _____ N

Graduation Date _____ Type of Diploma _____ Advanced _____ Occupational
_____ Regular _____ Certificate

If not a high school graduate, do you have a GED? _____ Y _____ N Last high school grade completed _____

Test location _____ Test date _____ - _____ - _____

Race (For Reporting Purposes ONLY) _____ White(Non-Hispanic) _____ Asian/Pacific Islander _____ Hispanic _____ Non-Resident Alien
_____ Black(Non-Hispanic) _____ American/Alaskan Indian _____ Other

Citizenship _____ US Citizen _____ Resident Alien _____ Exchange Student _____ Foreign Student VISA _____ Other VISA

Are you an Alabama resident? _____ Y _____ N Sex _____ M _____ F Are you a veteran? _____ Y _____ N

Program of study _____

What is your educational goal? _____ Associate in Arts _____ Associate in Science _____ Associate in Applied Science
_____ Accelerated High School _____ Dual Enrollment _____ Professional/Self-Improvement
_____ Transfer _____ Transient _____ Audit (Noncredit) _____ Certificate

For what term do you plan to enroll? _____ Fall _____ Spring _____ Summer Year _____

The Alabama Legislature passed ACT No. 91-584, which requires eligible persons (males 18-26) to register for Selective Service in order to be enrollment. I certify that I comply with the provision of the U.S. Military Selective Service: _____ Y _____ N

Are you on suspension or probation from any college or university previously attended? _____ Y _____ N If yes, please explain _____

Have you taken courses at Wallace State College before? _____ Y _____ N If yes, last year of attendance _____

Has your mother or father graduated from a 4 year institution? _____ Y _____ N

I hereby attest that the information given above is accurate and complete to the best of my knowledge. I understand that submission of false or misrepresented information subjects me to refusal for enrollment, to dismissal, or to suspension as a student at Wallace State. I do hereby release and absolve Wallace State and its instructors or agents of any liability that might occur as a result of accidental injury during my tenure as a student. I further agree to assume responsibility for payment of tuition and fees, where applicable, as adopted by the Alabama State Board of Education.

Student Signature _____ Date _____

Certification of Eligibility for In-State and Out-of-State Residency

Student Name _____ SS# _____ - _____ - _____

Current Address _____ City _____ Zip _____

State _____ County _____

Please read the following statements and check the **one** statement that applies to you and sign the bottom of the page.

_____ I qualify as an In-State resident.

_____ I am currently considered an Out-of-State student. I certify that I do not meet any requirements to be classified as an in-state student. **An out-of-state student cannot attain resident student status simply by attending school for twelve months in the State of Alabama.**

_____ I have currently lived in the State of Alabama for less than 12 months. However, I certify that I possess "more substantial connections" with the State of Alabama than any other state.



You are required to provide the following to the Admissions Coordinator for certification before the in-state tuition rate is official.

1. Payment of Alabama state income taxes as a resident.
2. Ownership of a residence or rental of property in the state.
3. Full-time employment in the state (self, spouse, or supporting person).
4. Voter registration and voting in the state.
5. Possession of state licenses, (Drivers license and state license plates)

Other special circumstances will be considered on an individual basis.

I understand that in order to be eligible for resident tuition rates, the burden of proof lies with me. Appropriate documentation is attached in support of my request for eligibility for resident tuition rates. I agree to notify the college if there are any changes in the information submitted with this form.

Signature of Student

Date