



VANCE-GRANVILLE COMMUNITY COLLEGE

Application For Admission

VGCC, Post Office Box 917, Henderson, North Carolina 27536
Main Campus: (252) 492-2061

Warren Campus
P.O. Box 207
Warrenton, NC 27589
(252) 257-1900

Franklin Campus
P.O. Box 777
Louisburg, N.C. 27549
(919) 496-1567

South Campus
P.O. Box 39
Creedmoor, N.C. 27522
(919) 528-4737

For Office Use Only	
Application Received:	_____
Received By:	_____
Entered By:	_____
Test Date:	_____
Datatel ID #:	_____

THE INFORMATION ON THIS FORM IS CONFIDENTIAL. WITH THE EXCEPTION OF DIRECTORY DATA, THIS INFORMATION WILL NOT BE RELEASED TO ANYONE WITHOUT YOUR KNOWLEDGE AND PRIOR CONSENT. YOU MUST NOTIFY THE ADMISSIONS OFFICE IMMEDIATELY IF THERE ARE ANY CHANGES IN THIS INFORMATION. ITEMS MARKED WITH AN ASTERISK (*) WILL NOT BE USED IN A DISCRIMINATORY MANNER REGARDING THE ADMISSIONS PROCESS.

PERSONAL DATA

Name: _____
Last First Maiden Name Middle

Address: _____
Street, Route, P.O. Box City County State Zip Code

Home Telephone: (_____) _____ Cell Telephone: (_____) _____

E-mail Address: _____

* Social Security Number: _____/_____/_____

* Collection of Social Security Numbers: Vance-Granville Community College is legally authorized to collect student Social Security numbers in order to comply with certain federal and state reporting requirements, and to meet the business imperatives of the college. Beginning fall semester 2007, the college will no longer use student social security numbers as the primary method for student identification, but rather use a unique computer generated ID number. Questions concerning the use of social security numbers should be directed to the Vice President of Student Affairs or the Registrar.

* Birth Date: (month/date/year): _____/_____/_____ _____/_____/_____	* Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian (Optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asia <input type="checkbox"/> Bi-racial/Other	* Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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* Plan to enter VGCC in: 20____
 Fall Semester Summer Term Spring Semester
When do you plan to attend classes? day evening
Which campus do you wish to attend? Main South Warren Franklin

Desired Program of Study† _____

Curriculum Goals:
(For a complete listing of our curriculum programs, see www.vgcc.edu/curriculumprograms.htm)

† Meet with a counselor to learn more about VGCC's curriculum programs, or visit the Career Center at the Main Campus.

Applicant Status:
 First time enrolled at VGCC Returning student Attended other college(s)
Were you previously enrolled at VGCC under a different name? Yes No
If yes, what was your name at the time? _____

REASON FOR ATTENDING VGCC (Check only one)

- Enhance my employment skills for a new field of work.
- Enhance my job skills in my present field of work.
- Obtain an Associate Degree, Diploma, or Certificate.
- Take courses for personal enrichment or interest.
- Take courses to transfer to another college.

Citizenship:

- Select the appropriate designation:
____ US Citizen ____ Permanent Resident Alien ____ Non-Immigrant Alien
- If Non-US citizen, state country of citizenship: _____
- Resident Alien number: _____
- Non-Immigrant VISA type: _____ Expiration Date: _____

Residency Status:

Are you a North Carolina resident? ____ Yes ____ No If YES, indicate county of residence _____
On what date did you move to N.C.? _____
Enter your driver's license number _____ State _____
Have you lived in North Carolina continuously for the past twelve months? ____ Yes ____ No
If NO, where have you lived in the past twelve months? _____
Are you active duty military or a military veteran? ____ Active Duty ____ Veteran

* **Do you plan to apply for Financial Aid:** Yes No

If you plan to apply for Financial Aid or VA Benefits, please contact the Financial Aid Office Directly.

Note: Your admissions file must be complete and all official transcripts received to be eligible for financial aid.

* **Plan to attend classes:** (Optional) Full time (12 or more credit hours) Part time (less than 12 credit hours)

Educational Background: (Check one of the responses below and complete ALL information under that response. This section must be completed. Official transcripts from each institution (high school and post-secondary) must be mailed directly to the Admissions Office at Vance-Granville Community College prior to admission.

- High School: I am **currently enrolled** in high school. Date I plan to graduate: _____ (month and year)
Name of high school attended: _____
City _____ County _____ State _____
- I am a high school/home school graduate. Date of Graduation: _____ (month and year)
Name of high school/home school attended: _____
City _____ County _____ State _____
- I have a GED Diploma. I have an Adult High School Diploma.
Date of completion of GED or Adult High School Diploma: _____ (month/day/year)
Name of School/Organization which granted GED or AHD: _____
City _____ County _____ State _____
Last date of attendance in high school: _____ (month/day/year)
Name of last high school attended: _____
City _____ County _____ State _____

Colleges and/or Technical Institutes Attended: Submit official transcripts from each institution prior to admission.	City:	State:	From (dates)	To (dates)	Degrees

Highest Education Level Completed (Check the highest education level completed):

- High School Graduate GED Associate Degree
 Currently Enrolled in High School (Grade _____) Adult High School Diploma Bachelor's Degree
 Post High School Vocational Diploma Master's Degree or higher

* **Employment Status:** Unemployed Full time Part time Retired

***EMERGENCY INFORMATION**

Name and phone number of person to notify in case of emergency: _____
Relationship: _____

NOTICE TO ALL HEALTH EDUCATION MAJORS:

Clinical sites may, at their discretion, require a drug screening and/or a criminal background check prior to allowing students into the clinical setting. (If required, any associated fees will be the responsibility of the student.) Testing positive on the drug screening, or evidence of tampering with a specimen, will disqualify a student from participation from the clinical assignment. In addition, certain criminal activity, as evident by a criminal background check, may also disqualify a student from clinical participation. Please be aware that failure to participate in a clinical assignment based on either the drug screening or criminal background check will result in dismissal from the program.

I hereby certify that the information I have given is true to the best of my knowledge. I further understand that falsification or failure to supply the correct information may be considered grounds for rejection or dismissal.

Applicant's Signature

Date

Signature of Parent of Guardian (if applicant is under 18 years of age)

Date

Send application to the Admissions Office at the Vance-Granville Community College campus you plan to attend.

Vance-Granville Community College is an equal opportunity, affirmative action institution. The College serves all students regardless of race, creed, color, sex, national origin, or disabling conditions.

Vance-Granville Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia, 30033-4097; Telephone number 404-679-4501) to award the associate degree.