



# 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:

Mr.  Miss  
**Legal Name:**  Mrs.  Ms. \_\_\_\_\_  
Last First Middle or Maiden

**Mailing Address:** \_\_\_\_\_  
Street, P.O. Box

City State Zip Code County

**Home Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Telephone:** (\_\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Δ 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.

**Δ Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Birth Date:** (month/date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_  
**\* Ethnic(s):**  Hispanic  Non Hispanic  
*(Optional)*

**\* Race(s):**  American/Alaska Native  Hawaiian/Pacific Islander  
*(Optional)*  Asian  Black  White

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

### 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? \_\_\_\_\_

*\* Proof of legal name change is required.*

**\* 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

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

**Desired Program of Study†** \_\_\_\_\_  
**Curriculum Goals:**  
*(For a complete listing of our curriculum programs, see [www.vgcc.edu/Academics/academics-programs.htm](http://www.vgcc.edu/Academics/academics-programs.htm))*

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

### 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.

### 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.

\* **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.*

**Citizenship:**

Select the appropriate designation:

US Citizen  Permanent Resident Alien  Non-Immigrant Alien  Undocumented 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

**Educational Background:** *This section must be completed. Official transcripts from all institution (high school and post-secondary) must be mailed directly to the Admissions Office at VGCC prior to admission.*

**High School Information:**

Name of Last High School Attended \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Last Date of Attendance or Graduation Date \_\_\_\_\_ (mm/dd/yy)

Did you graduate from this High School?  Yes  No

If no, answer the following:

I received an Adult High School Diploma. Indicate the school information below.

I received a GED. Indicate the school information below.

I'm currently enrolled in high school, adult high school or GED. Indicate the school information below.

School Attended or Attending \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

**College Information:**

Name of College and/or Technical Institutes:	City:	State:	Date Attended:	Degree

**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

**\*EMERGENCY INFORMATION**

Name and phone number of person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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